DEVON'S HEALTH

IN

1955

The Annual Report of the
County Medical Officer and
Principal School Medical Officer

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COMMITTEES

The County Council, as Local Health Authority, established a Health Committee in accordance with the requirements of the National Health Service Act, 1946. The Health Committee, in turn, established the following Sub-Committees:—

1. Ambulance Sub-Committee.
2. Appointments and General Purposes Sub-Committee.
3. Mental Health Sub-Committee.
4. Nursing Sub-Committee.

The County Council have also set up a Water and Housing Committee which deals with duties under the Food and Drugs Act, 1938, the Milk and Dairies Regulations, 1949 and Water Supply, Sewerage and Sewage Disposal Schemes.

Under the Education Act, 1944, the Education Committee has set up a School Health Sub-Committee to deal with this particular service.

Members who served on these Committees during the year are set out below.

Health Committee

Chairman: Mrs. J. M. Phillips.
Vice-Chairman: Mr. Makeig-Jones.*
Chairman of the Council (ex-officio).
Vice-Chairman of the Council (ex-officio).

Mrs. Booth	Mr. F. P. Lee	‡Rev. H. S. H. Read
Mr. Daymond	Mr. Lowdon	Mrs. Symons
Mr. Graves	Mr. Parsons	Rev. J. W. Timms
Mr. Hedges	Mr. Pedlar	Mr. Upton
Mr. Hollow	Mrs. Perkins	§Col. Ward
Mr. Holmes	†Mr. A. D. Phillips	Mr. Wilkey

Nominated by the following Bodies

Devon Branch, St. John Ambulance Association—Major T. W. Gracey.
Devon Local Dental Association—Mr. W. E. Woolcott
Devon Local Medical Committee—Dr. R. M. S. McConaghey
Dr. R. C. Michelmore (to Sept. 1955)
Dr. C. W. Wilson (from Sept. 1955)
Devon Nursing Association—Mrs. A. Makeig-Jones
Devon Pharmaceutical Committee—
Executive Council for Devon and Exeter—Mr. R. G. Hunt
§Chairman of Ambulance, †Appointments & General Purposes, ‡Mental Health, and *Nursing Sub-Committees.

Water and Sewerage Committee

Chairman: Major Allhusen.

Vice-Chairman: Mr. Voysey.

Chairman of the Council (ex-officio).
Vice-Chairman of the Council (ex-officio)

Mr. Alford	Mr. Glanville	Mr. Prowse
Mr. Baker	Mr. Hollow	Mr. Richards
Mr. Carter	Mr. Lake	Mr. Spanton
Mr. F. U. Crook	Mr. Makeig-Jones	Dr. Vanstone
Mr. Curry	Mr. Mitchell	Mr. Webber
Mr. Fishleigh	Mr. Mortimer	

Additional Members (2)

Mr. D. C. Philip Mr. R. R. Willing

School Health Service Sub-Committee

Chairman: Col. Ward.

Vice-Chairman: Mr. Shapland.

Chairman and Vice-Chairman of the Council (*ex-officio*).
Chairman and Vice-Chairman of the Education Committee (*ex-officio*).

Mr. Harvey	Mr. Pridham	Mr. Short
Mr. F. P. Lee	Mrs. Ratcliffe	Dr. Vanstone
Mrs. Perkin	Miss Ragg	

Additional Members

Lady Acland	Mr. J. W. Harmer	Prof. S. H. Watkins
Mr. F. U. Crook	Mrs. F. Hiley	

STAFF OF THE MEDICAL DEPARTMENT.

County Medical Officer and Principal School Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon.), D.P.H. (Oxon.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).
(to 17th May, 1955).

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.
(from 18th May, 1955).

Deputy County Medical Officer and Deputy Principal School Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.
(to 17th May, 1955).

D. E. Cullington, M.A., M.B., B.Chir., D.C.H., D.P.H.
(from 20th June, 1955).

Senior Assistant Medical Officer for Maternity and Child Welfare.

F. Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G

Medical Adviser in Mental Health.

Christina J. McLeay, M.B., Ch.B. (Edinburgh)

Senior County Dental Officer and Principal School Dental Officer.

J. Fletcher, L.D.S.

County Superintendent of Nursing and Supervisor of Midwives.

Miss L. Reynolds, S.R.N., S.C.M., H.V.

County Sanitary Officer: M. S. Powling, C.R.S.I., M.S.I.A.

Chief Clerk: H. T. Baldwyn.

County Ambulance Officer: C. H. Congdon.

Home Help Organiser: G. P. Brooks, D.P.A., D.S.A.

Senior Social Workers.

Mental Deficiency:—Miss J. H. MacMichael.

Mental Health:—Mr. L. H. Jenkins, D.S.S., M.H.Cert.

Senior Occupational Therapist.

Miss M. M. Keily, M.A.O.T.

Assistant County Medical Officers/School Medical Officers.

L. G. Anderson, M.D., Ch.B., D.P.H.
D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
} Mixed Appointments

N. E. R. Archer, M.A., D.M., B.Ch., D.P.H.
M. E. Budding, B.Sc., M.B., B.Ch., D.P.H.
T. J. Davidson, M.B., Ch.B., D.P.H., D.T.M.&H.
D. M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
M. H. King, M.B., Ch. B., D.P.H.
J. S. Rogers, L.R.C.P., M.R.C.S.
N. Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.
L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.
H. R. Vernon, T.D., M.B., Ch.B.
G. H. Walker, M.B., Ch.B., D.P.H.
J. M. Hinde, M.A., B.M., B.Ch., D.R.C.O.G. (part-time).
M. C. H. Kingdon, M.B.E., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (part-time).

School Ophthalmic Surgeons.

(*on staff of the Regional Hospital Board*)

M. L. Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.
W. G. Hutton, M.A., M.R.C.S., L.R.C.P., D.O.M.S.

Chest Physicians.

G. E. Adkins, M.B., B.Chir. (Cantab.)
W. E. B. Lloyd, M.R.C.S., L.R.C.P., D.P.H.
A. J. McMillan, M.R.C.S., (Eng.), L.R.C.P. (Lond.)
J. C. Mellor, M.B., B.Ch.

The Chest Physicians are on the staff of the Regional Hospital Board, but a portion of their time is devoted to prevention, care and after-care, which remains the responsibility of the County Health Committee.

County Dental Officers/School Dental Officers.

G. Baker, L.D.S., R.C.S.
A. T. Dally, L.D.S.
G. C. Derbyshire, L.D.S.
J. L. Dickson, L.D.S. R.F.P.S.
T. L. Fiddick, L.D.S. (part-time)
H. W. Gibbs, L.D.S., R.C.S.
H. J. Halestrap, L.D.S. (to 30.8.55).
K. W. Massey, L.D.S.
W. R. Matthews, L.D.S., R.C.S. (part-time).

A. S. Peacock, L.D.S., D.D.O. (also part-time Orthodontist).
W. H. Phillips, L.D.S.
J. Pollock, L.D.S., R.F.P.S.(G) (to 28.2.55).
J. A. Pugh, L.D.S. (part-time).
G. Reed, L.D.S. (from 10.10.55).
B. J. Shapland, L.D.S.
B. M. Simpson, L.D.S., R.C.S.
J. E. B. Smith, L.D.S., R.C.S.
J. M. Steer, L.D.S., R.C.S.
J. K. Vowles, B.D.S.
F. M. Warren, B.D.S., L.D.S., R.C.S.
P. F. G. Whitfield, L.D.S.

Psychiatrist (*part-time*)—Dr. H. S. Gaussen, M.R.C.S., L.R.C.P.

Psychologist (*temporary*)—Miss I. Herzberg, B.A. Hons. (Psychology)

Psychiatric Social Workers.

Miss Bowmer, P.S.W. Cert., S.S.D. (from 1.10.55).
Mrs. Jaspan, D.S.S., M.H. Cert. (to 31.3.55).
Mr. Rose, Cert.S.S., and M.H. Cert.
Miss Dickinson, D.S.S. (part-time 1st March to 15th Oct., 1955).

Social Workers in Mental Health/Duly Authorised Officers.

Mr. G. A. J. Cheesley
Mr. N. S. Coombs
Miss O. F. Evans
Mr. W. J. Gliddon
Miss A. Griffin, D.S.S.
Mrs. M. Mann, D.S.S.
Mr. D. L. Rugg, D.S.A.
Mr. H. S. Smith
Mr. J. W. Stacey
Mr. D. J. Winter

Home Teachers in Mental Health.

Miss B. M. Dunstan
Miss D. Chestnutt

Occupation Centre Supervisors.

Miss M. H. Yaxley. Mrs. W. Ball. Miss E. L. Granger.

Speech Therapists.

Miss J. M. Chapman, L.C.S.T. (from 1.10.55).
Miss J. M. MacMillan, L.C.S.T. (from 1.10.55).
Miss D. E. Brown, L.C.S.T.
Miss V. J. Campion, L.C.S.T. (to 31.5.55).
Miss D. M. Dickinson, L.C.S.T. (to 31.7.55).

Assistant Occupational Therapists.

Mr. G. D. Ashton, M.A.O.T. (from 1.9.55).
Miss E. J. Giblin, M.A.O.T. (to 9.4.55).
Mr. K. W. L. Mason, M.A.O.T. (from 15.8.55).
Miss P. K. Tenney, M.A.O.T.

Health Visiting Staff.

Andrews, A.
Axford, F. M.
Aylmer, M.
Ballard, H. J.
Barry, T. M. (from 21.4.55)
Cadogan, M.
Clark, J. B.
Clarke, M. A. S.
Downey, J. L. (to 30.11.55)
Edwards, I. K.
Farley, H.
Flinn, M.
Forbes, C. C.
Gallagher, B.
Gilbert, L.
Godfrey, J. A.
Greenwood, G.
Grogan, A. M. (from 2.8.55)
Hall, E. M.
Harmsworth, E. C. (to 30.7.55)
Harris, M.
Harry, M.
Hartigan, E. M.
Hazel, A. M. (from 1.11.55)
Helsel, K. J.
Holroyd, C. A.
Honeywell, E.
Jackson, E. J.
Leathley, M. A.
Mason, G.
Morris, R.
Pester, I. W.
Ralls, A.
Read, R. H. F. (to 31.5.55)
Rennie, J. W.
Rogers, E. M. (to 31.5.55)
Ryall, E.
Sercombe, E.
Simpson, M.
Smith, N.
Sparks, M.
Stone, M. E.
Sullivan, B.
Thain, M. M.
Travis, S. E.
Wallace, J. M.
Walters, M.
Walters, O.
Webber, A. H. (from 1.8.55 to 31.12.55)

MEDICAL OFFICERS OF HEALTH

Area	*District Councils*		*Medical Officers of Health*
1	B. Salterton	U.D.	L. G. Anderson, M.D., M.B., Ch.B., D.P.H.
	Exmouth	U.D.	
	St. Thomas	R.D.	
2	Ottery St. Mary	U.D.	R. R. Trail, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
	Sidmouth	U.D.	E. L. Perry, D.S.O., M.R.C.S., L.R.C.P.
	Honiton	M.B.	D. Steele-Perkins, L.R.C.P., L.R.C.S., L.R.F.P.S.
	Seaton	U.D.	
	Axminster	R.D.	
	Honiton	R.D.	
3	Crediton	U.D.	N. F. Sawers, M.B., Ch.B.
	Crediton	R.D.	L. N. Jackson, D.M., B.A., M.B., B.Ch.
	Tiverton	M.B.	G. Nicholson, M.D., D.P.H., F.R.C.S.
	Tiverton	R.D.	
4	Barnstaple	M.B.	F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H.
	Barnstaple	R.D.	
	South Molton	M.B.	
	South Molton	R.D.	
	Ilfracombe	U.D.	W. B. Boone, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P. (to 27.1.55)
			A. H. Morley, O.B.E., M.B., Ch.B., F.R.C.S., D.P.H. (from 1.5.55)
	Lynton	U.D.	M. P. Nightingale, M.R.C.S., L.R.C.P.
5	Northam	U.D.	C. J. Carey, M.R.C.S., L.R.C.P.
	Bideford	M.B.	
	Gt. Torrington	M.B.	C. F. R. Briggs, M.B., B.S., M.R.C.S., L.R.C.P.
	Holsworthy	U.D.	S. Craddock, M.B., B.S., M.R.C.S., L.R.C.P.
	Bideford	R.D.	N. B. Betts, M.B., B.Chir., F.R.C.S., M.R.C.S., L.R.C.P.
	Torrington	R.D.	E. H. Walker, M.R.C.S., L.R.C.P., M.B., B.S.
	Holsworthy	R.D.	C. W. Evans, M.R.C.S., L.R.C.P.
6	Okehampton	M.B.	E. D. Allen-Price, M.D., M.B., Ch.B., D.P.H.
	Tavistock	U.D.	
	Broadwoodwidger	R.D.	
	Okehampton	R.D.	
	Tavistock	R.D.	
7	Salcombe	U.D.	W. C. Smales, D.S.O., O.B.E., M.R.C.S., L.R.C.P., D.P.H.
	Kingsbridge	U.D.	
	Kingsbridge	R.D.	
	Plympton St. Mary	R.D.	

MEDICAL OFFICERS OF HEALTH—*continued*

Area	*District Councils*		*Medical Officers of Health*
8	Dawlish	U.D.	H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
	Newton Abbot	U.D.	
	Teignmouth	U.D.	
	Newton Abbot	R.D.	
9	Torquay	M.B.	J. V. A. Simpson, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
10	Totnes	M.B.	Elizabeth Davies, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
	Ashburton	U.D.	R. Bellamy, M.B., B.Chir., M.R.C.S., L.R.C.P.
	Buckfastleigh	U.D.	E. C. Ironside, M.A., M.B., Ch.B.
	Totnes	R.D.	S. C. Jellicoe, M.R.C.S., L.R.C.P.
11	Dartmouth	M.B.	D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
	Brixham	U.D.	
	Paignton	U.D.	

Medical Department,
Ivybank,
45, St. David's Hill,
Exeter.

19*th July*, 1956.

To the Chairman, Aldermen and
Members of the Devon County Council.

Mr. Chairman, My Lords,
Ladies and Gentlemen,

I have the honour to present my First Annual Report as County Medical Officer and Principal School Medical Officer to Devon. A County Medical Officer and School Medical Officer was appointed for the first time in 1908 and in the 47 years since then there have been only two holders of the post—Dr. George Adkins until 1929, and Dr. L. Meredith Davies, who retired in 1955. An occasion such as this prompts one to look back as well as to look forward and it may be of interest to recall some features of the progress in public health measures carried out in Devon by my two predecessors in office.

One of Dr. Adkins' main duties as the first full-time Medical Officer was to initiate the School Health Service, which was organized at that time on sound lines with four inspectors. From these small beginnings the Service has expanded, and the many other ancillary services, particularly the School Dental Service, have been introduced over the years. It is of interest to look over his old reports and to know of his concern with housing conditions, infantile mortality, tuberculosis and infectious disease, particularly diphtheria. He gave much effort to health education, the development of the tuberculosis service and the work for mental deficiency, to mention but a few of his many activities. Dr. Davies when he was appointed in 1929 paid a well deserved tribute in his first report to the sound basis on which the Service had been founded.

During Dr. Davies's term of office great changes were brought about not only during the War but by the coming into force of the National Health Service Act in 1948. During this period the infantile mortality rate was more than halved, mortality from tuberculosis declined, the incidence of diphtheria diminished—there have been no cases in children for several years—through the work of the local Sanitary Authorities housing conditions greatly improved, and the

County Laboratory was set up. Furthermore the work of the Medical Department had a new orientation with the coming into force of the National Health Service Act and, while it lost some of its functions, it acquired many others. In all, during these 47 years there has been much development, much progress, and much change, and the problems today are quite different from those that confronted your first County Medical Officer.

Among our main objectives are the intensification of the campaign against tuberculosis, the promotion of health education, preventive measures in the mental health field, the development of the child guidance service, and last but not least to ensure that our organization co-operates as closely as possible with the other branches of the health service.

The long awaited " Report of the Committee on Maladjusted Children " appeared at the end of November and it is plain that our child guidance service in Devon falls far short of its recommendations. We have been seriously hampered by the lack of staff but discussions were proceeding with the Chief Education Officer by the end of the year on the best methods for the development of the Service in the county. It may be possible to record more heartening news next year on this important subject.

Unsuccessful efforts were made to find alternative premises for the Occupation Centre in Torquay which is most unsatisfactorily housed. These Centres provide mentally handicapped children with training and occupation, and are invaluable in helping them to develop socially. Search for suitable premises or sites has been pursued, and it is hoped that they will be successful in the coming year.

It is a pleasure to record the opening of the Open-Air School at Steps Cross, Torquay in July; a more detailed account of the work there will be found in the body of the report. The change from the unsatisfactory conditions at Homelands to the well-equipped commodious premises was most welcome and one looks forward over the years to continued improvement in the well-being of the children in their new surroundings.

Your attention is invited to the developments in the jelly testing scheme, and it is a pleasure to record the help and co-operation that we have had on all sides but particularly from the Consultant Chest Physicians, the Chest Physicians, and the Directors of the Mass Radiography Units operating in the county. We were privileged, in the autumn, to have the advice of Dr. Thomson, Senior Medical Officer of the Ministry of Health, who gave us the benefit of his wealth of experience gained both in this country and abroad.

The Principal School Dental Officer has made interesting comments in the report on the increase in dental decay among school children in recent years which he has graphically represented.

We greatly appreciate the co-operation of the other departments of the County Council, and in the body of the report mention is made by School Medical Officers of the unfailing help and courtesy of the teachers in the schools. We are grateful for the many hours of unselfish service provided by members of various voluntary organizations such as the W.V.S., Red Cross, St. John Ambulance, etc.

The report in my name is, of course, that of many hands and I must record my thanks to the staff of the Medical Department and others for much good work in providing material and while it is invidious to mention individuals I cannot refrain from singling out Dr. Cullington, my deputy, who has done so much in its compilation.

I have the honour to be,

Your obedient Servant,

W. J. DOYLE,

County Medical Officer and
Principal School Medical Officer.

GENERAL PUBLIC HEALTH

The County of Devon is the largest administrative county in England and Wales with an area of 1,649,207 acres, and is divided into 30 urban and 17 rural districts.

The population has risen by 2,000 during the last year and is now 512,000 (including members of the armed forces stationed in the area).

MATTERS OF LIFE AND DEATH

LIVE BIRTHS: 6,443.

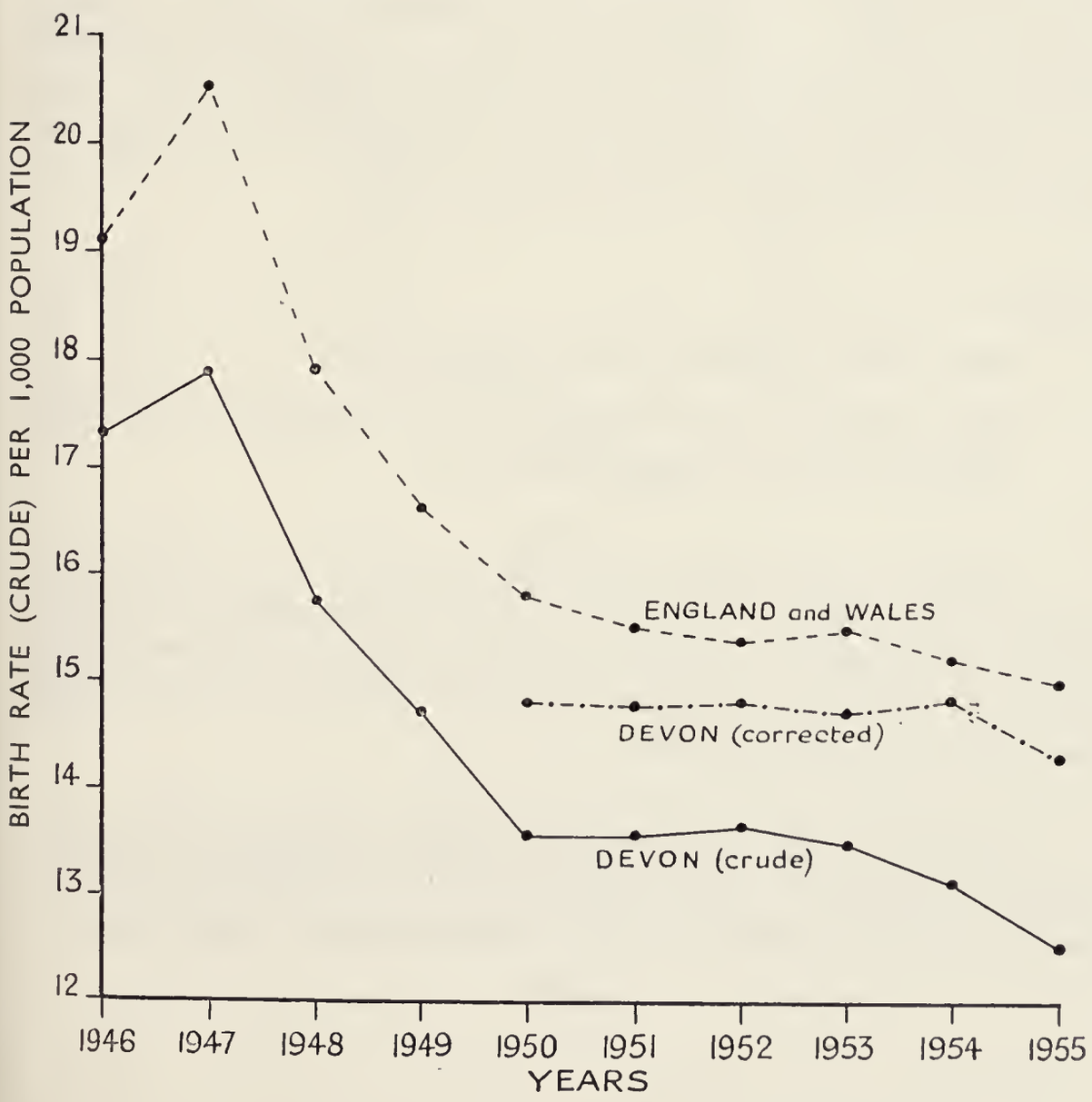
Legitimate—total: 6,202: (males 3,181: females 3,021)
Illegitimate ,, 241: ,, 126: ,, 115)
Rates: Crude 12.58 (corrected 14.34) compared with a birth rate of 15.0 for England and Wales.

STILLBIRTHS: 150.

Legitimate—total: 143: (males 80: females 63)
Illegitimate ,, 7: ,, 3 ,, 4)
Rate: 22.7 per 1,000 total (live and still) births.

Birth Rate

DIAGRAM SHOWING TREND IN BIRTH RATE (CRUDE) DURING LAST 10 YEARS



1955 saw an appreciable drop in the number of children born, after five years of an almost stable birth rate which followed the high figures of the early post-war years. It is not yet possible to determine whether this further lowering of the birth rate is other than quite a temporary matter. While the total of both premature births and stillbirths is slightly lower, the rate of each has unfortunately shown a slight increase and demonstrates the need for continued vigilance in the care of the expectant mother, especially as this is a trend that has now been observed in three succeeding years.

Loss of Infant Life

The infant mortality rate of 24.1 represents a further welcome reduction and is again a record low level. Of the 136 infant deaths, 106 took place during the first month of life, the majority of these occurring during the lying-in period of the mother. There is a growing realisation that the causes of most of these very early deaths are quite different from those which result in the deaths of older infants, and that they are more closely related to the causes of death just prior to birth (i.e. still-births). This means that further reduction in the wastage of infant life must be achieved mainly by more intensive research into the causes and the application of knowledge so gained to our ante-natal and maternity services.

Deaths

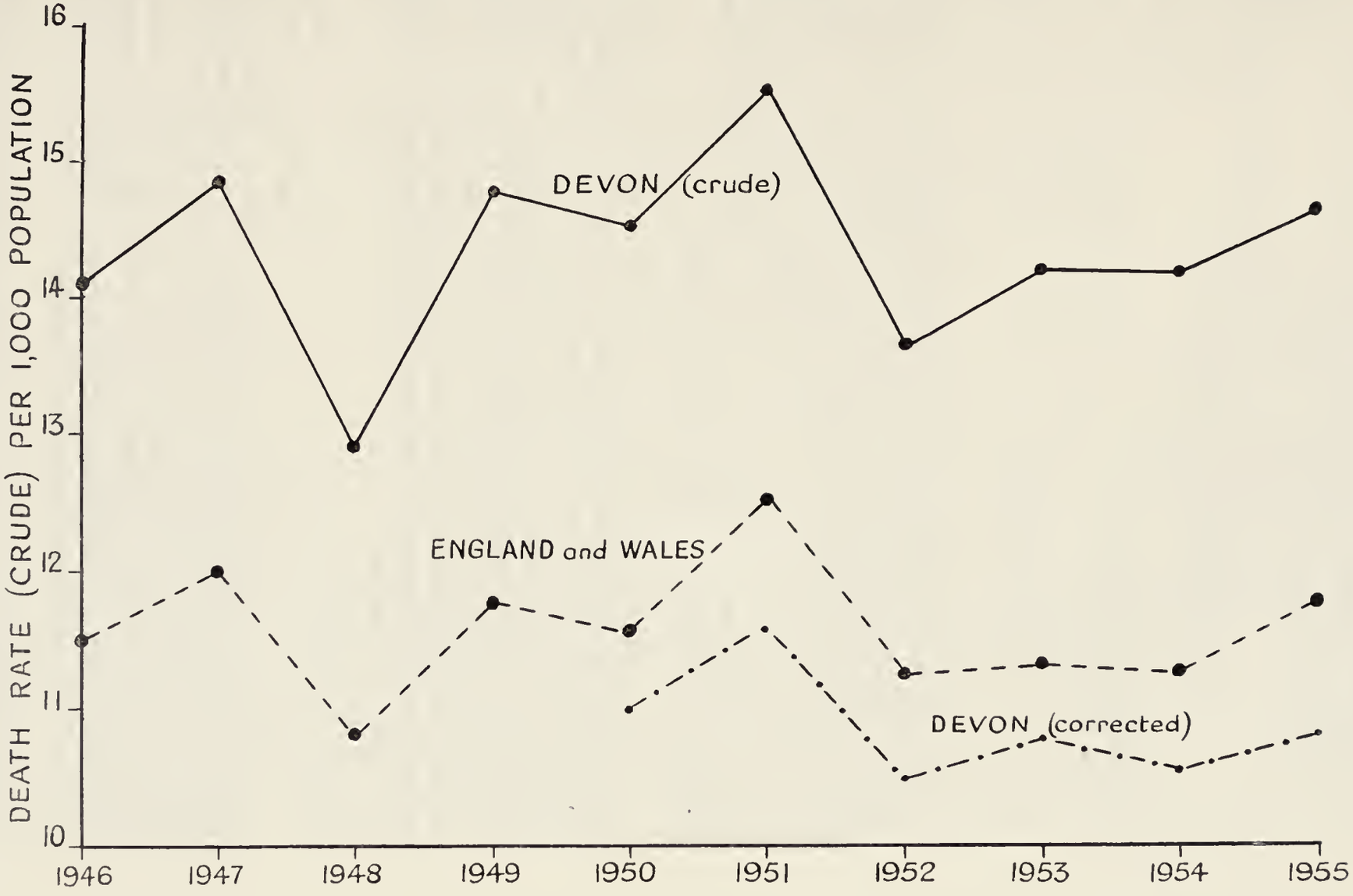
Total: 7,466: (males 3,573: females 3,893)

Rate: Crude 14.58 (corrected 10.79) compared with a death rate of 11.7 for England and Wales.

Figure 2 shows that fluctuations in the death rate have closely followed those in the county as a whole. The crude death rates for Devon are substantially higher than those for England and Wales owing to the large proportion of elderly residents, many of whom have come to Devon to retire.

When the rates are corrected to allow for this (by using the Registrar General's comparability factor) it will be seen that the death rate in the county is in fact somewhat lower than average.

DIAGRAM SHOWING TREND IN DEATH RATE (CRUDE) DURING LAST 10 YEARS



Causes of Death

Tuberculosis and other infectious diseases	117
Cancer and other malignant diseases	1,174
Vascular lesions of nervous system	1,252
Diseases of heart and circulatory system	3,015
,, ,, respiratory system (excluding T.B.) ..	608
,, ,, stomach and digestive system	109
,, ,, genito-urinary system..	148
Maternal deaths	5
Accident, suicide, etc.	292
All other causes	746
TOTAL DEATHS	7,466

Disease of the heart and circulation accounted for some 40% of all deaths in 1955. The majority of these 3,015 deaths occurred in people over 65 years of age, and very many in those over 75. The 1,252 deaths from vascular lesions of the nervous system could well be grouped with them, since they too occur mainly in the more elderly and are probably of similar aetiology to coronary heart disease. Little can be done to prevent or postpone these deaths, without further knowledge of their causation.

Cancer claimed the next largest number, 1,174 or 15% of all deaths. Cancer of the stomach and of the lung accounted for 173 deaths each, followed by cancer of the breast with 121. Deaths from cancer of the stomach were almost twice as numerous, and those from cancer of the lung more than twice as many as in 1952, only 3 years ago. Little is yet known as to the aetiology of stomach cancer, but the mounting evidence of association between excessive smoking and carcinoma of the lung cannot be ignored. There seems every reason to advise youngsters of the possible dangers of taking up the smoking habit.

Pneumonia, bronchitis and influenza caused 608 deaths, these also mainly in elderly patients—probably often a terminal illness. Another group which must be mentioned is deaths from violence. The most common, accidents other than road accidents, are most liable to occur in elderly women—of the 153, 56 being in women over the age of 75. This points clearly to the need to concentrate accident prevention activities on this group. Of the 77 suicides no less than 45 were in the age group 45—65.

Detailed tables XVII and XVIII are included in the appendix (pages 105, 106).

INFECTIOUS DISEASES AND THEIR CONTROL

The following cases of infectious disease were notified during the year:—

Measles	5,507	Puerperal pyrexia	34
Whooping Cough	671	Dysentery	69
Tuberculosis	333	Food Poisoning	61
Pneumonia	292	Typhoid and para-typhoid	15
Scarlet Fever	223	Ophthalmia neonatorum	2
Poliomyelitis	74	Diphtheria	Nil

Measles. This was again an epidemic year for measles. In our present state of knowledge this infection cannot be controlled, and it is virtually inevitable that everyone will suffer an attack some time or other during their life. Since the disease is most serious during infancy and in adult life, it is preferable that children should be allowed to succumb to the inevitable during their early school years. In addition, it is extremely difficult to diagnose the disease in its early (and most infectious) stages and measures designed to control the spread of infection would therefore appear to be somewhat misplaced. It is also questionable whether it is still really necessary for this disease to be notifiable.

Whooping Cough. There were somewhat fewer cases this year than last, but one death occurred in a child aged 10 months. This disease is most serious in early life particularly during the first six months. Parents are not always aware that, besides fatalities, the disease can cause permanent crippling of a child by damaging the lungs. Evidence has been accumulating of the value of immunisation against this disease, and although the procedure does not offer such complete protection as does diphtheria immunisation, the Health Committee has decided to introduce a scheme for whooping cough immunisation next year. The decision has been taken to use a combined diphtheria/whooping cough prophylactic in order to reduce the number of injections necessary.

Tuberculosis, the most important of the infectious diseases today, is dealt with separately.

Pneumonia. 292 cases of pneumonia were notified during the year and there were 216 deaths. This apparently high mortality is due to the fact that most cases of pneumonia notified are the more serious types, particularly those causing terminal illness in elderly patients. This disease is not infectious in the true sense of the word, and here again I would question the need for continued notification.

Poliomyelitis. This year, a total of 74 cases was notified, a high proportion of these again occurring in the more heavily populated south coastal fringe. The heaviest incidence occurred in the Newton

Abbot and Torbay areas in August and September. This is perhaps not surprising since several of the cases proved on investigation to be amongst visitors who had probably contracted the infection before coming to Devon on holiday. In East Devon, the cases developed mainly in October and November, this year Ottery St. Mary notifying six cases. Once again, North and West Devon notified few cases. Three of the cases proved fatal, all being adults.

Poliomyelitis is undoubtedly the infectious disease which causes parents most worry and concern today, and the introduction of a safe and effective vaccine will be eagerly awaited.

Dysentery and Food Poisoning. This year, the number of cases of dysentery showed a slight increase and there was a substantial increase in the number of reported cases of food poisoning (61 as against 20 for each of the last two years). I draw attention later in this Report to the fact that many of these cases could be prevented if food handlers washed their hands after going to the toilet.

Of the outbreaks of food poisoning reported, two are of particular interest. One outbreak was reported in a group of 7 visitors at a South coast resort who brought with them a cooked ham for a picnic lunch. Bacteriological examination of the ham, which was already partially decomposed, showed a massive growth of B. proteus, and on further culture of the material on a special selective medium, Dr. Moore succeeded in isolating coagulase positive staphylococci. Staphylococci were also isolated from the stools of one member of the party. A very similar incident occurred at about the same time at another coastal town. The family had travelled down from another part of the country and had brought with them a joint of meat which has been kept in the boot of the car for four days. The four members of the party were all taken acutely ill some three hours after consuming the meat and were taken to the local hospital. In this case, none of the meat was left so that bacteriological confirmation of the cause was not obtained.

Typhoid and Para-typhoid. There were 9 notified cases of typhoid and 6 of para-typhoid. 5 of the typhoid cases were in one family, the mother falling ill first of all, followed by each of her four children. Investigations showed that the family had recently spent a holiday with grandparents and that the grandfather had been unwell at the time of their visit. He was subsequently found to be a typhoid carrier. One case occurred in a woman who had spent a holiday abroad and phage typing of the organism showed that this was of an unusual type. Two cases occurred in children, and the remaining case was that of a home help who had been assisting a patient later shown to be a typhoid carrier.

Of the 5 cases of para-typhoid, one occurred in a visitor who had presumably contracted the infection prior to coming to Devon, and another was thought to have picked up the infection overseas or on his way back to this country. The remaining three, all due to the phage I type of organism, occurred in residents or visitors to a north coastal resort.

Mention should also be made of an epidemic in the Crediton area towards the end of the year. It was first brought to our notice by Dr. Brimblecombe, consultant paediatrician, who informed me that he had been asked to see two or three children who had been severely ill with fever, very painfully enlarged glands in the neck and elsewhere, and which left the children with marked debility for several weeks. Further enquiries revealed that there had been a considerable number of cases, presumably of the same nature, in the area. They were mainly in younger children within the age range 4 to 10 years, and the cases seemed to be distributed amongst all the schools. Investigations carried out by Dr. Moore of the Public Health Laboratory led to the isolation of the virus of A.P.C.

Mention should be made here of the valued assistance we continue to receive from Dr. Moore who is always ready not only to carry out bacteriological investigations but to give us the benefit of his wide experience and knowledge.

Diphtheria Immunisation

No case of diphtheria was reported, this being the second free year of this disease (the other being 1953). I am pleased to report that there has been no confirmed case in a child for the past four years. If this record is to be maintained, it is essential to keep up a high level of protection by means of immunisation. The virtual disappearance of this disease means that many parents have no firsthand experience of its seriousness, and some thus fail to appreciate the need for immunisation. I must once again stress that it is vital to maintain a high level of immunisation in order to prevent the return of diphtheria. The following table shows the number of injections undertaken during the year.

	Primary Injections			
	Infants and Pre-School Children	*School Children*	*Total*	*"Booster" Injections*
Undertaken by A.C.M.Os.	1,093	633	1,726	7,935
Undertaken by G.Ps.	3,442	211	3,653	667
Total	4,535	844	5,379	8,602

The following figures show the immunity index for children in various age groups.

Age on 31.12.55	*Under* 1	1—4	5—14	*Under* 15 *Total*
Estimated mid-year child population	6,480	26,720	73,000	106,200
Immunity Index 100	6.15%	62.31%	66.83%	62%

Small-pox Vaccination

The number of vaccinations carried out during the year is shown in the following table, from which it will be seen that somewhat less than one-third of all babies are vaccinated during their first year of life. It is to be hoped that this figure can be substantially improved.

	Primary Vaccinations			*Re-vaccinations*
	under 1 *year*	*over* 1 *year*	*Total*	
Undertaken by A.C.M.s.	510	378	888	4
Undertaken by G.Ps.	1,424	1,771	3,195	1,201
Total	1,934	2,149	4,083	1,205

TUBERCULOSIS

The National Health Service brought about a division of administrative responsibility for the tuberculosis services, the Hospitals and Chest Clinics passing to the control of the newly created Regional Hospital Boards, whilst the important task of prevention together with the provision of certain supportive services was left to the County Council. This made co-ordination of the utmost importance and we owe much to the four Chest Physicians and to Dr. Midgley, Consultant Chest Physician at Hawkmoor, for the tremendous amount of help and co-operation received. We also welcome Dr. Dawson, Consultant Chest Physician Plymouth Clinical area, and look forward to the help he will undoubtedly give us in the South Western part of the County.

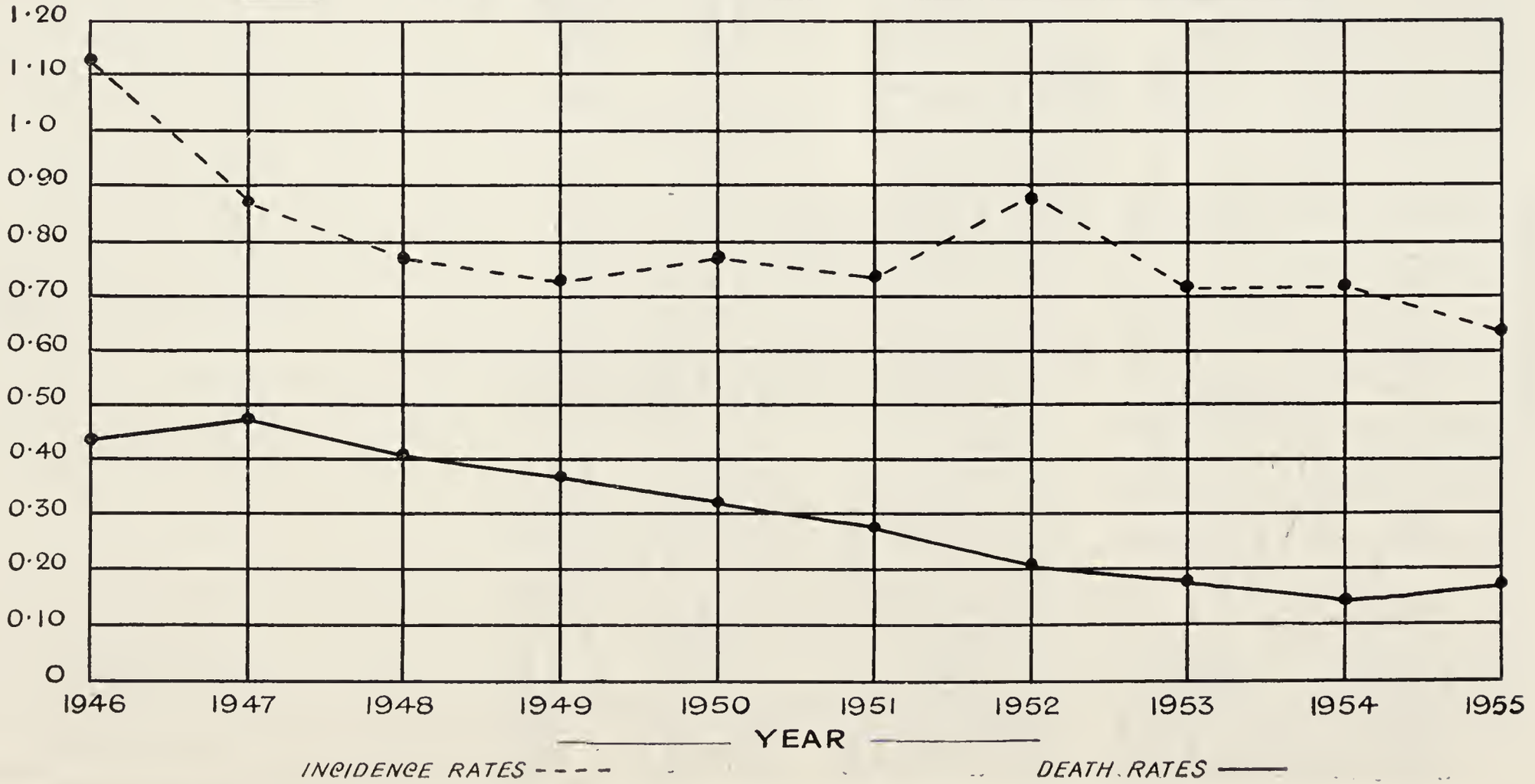
Tuberculosis in man can be caused by two types of germs, the human and the bovine. Very broadly speaking infection with the human type of germ is spread direct from one person to another in small droplets of moisture sent out when breathing or coughing. This infection usually gives rise to tuberculosis of the lungs. The bovine type of germ is spread from infected cows via untreated milk, and tends to give rise to tuberculosis of the glands in the neck and in the abdomen.

The human type of infection can, again broadly speaking, be divided into two types, a childhood type of infection where there is relatively little damage to the lung itself but considerable enlargement of the glands in the chest, and an adult type where there may be considerable destruction of lung tissue (consumption). It is mainly the latter type which is highly infectious to others.

The accompanying graph shows the trends in deaths from and notifications of this disease both in the County and in England and Wales over the past ten years.

TUBERCULOSIS IN DEVON

NOTIFICATION AND DEATH RATES PER 1,000 POPULATION



The steady reduction in the death rates is due partly to improvement in general conditions of housing, nutrition, etc., but largely to better facilities for treatment including the introduction of new drugs such as streptomycin and P.A.S., and also to much earlier diagnosis. The Mass Radiography Service must take a considerable amount of credit for this earlier diagnosis, and our thanks are due to Dr. Sheers and Dr. Hollis for their enthusiastic efforts and for the close liason maintained with this department.

The fact that there has been a much less striking decline in the annual number of cases notified is accounted for partly by the fact that there has been more complete notification, and also no doubt many more of the existing cases are now diagnosed—once again due to the efforts of the Mass Radiography Service. The fact remains however, that despite improvement in methods of treatment we are still far from preventing the spread of this infection. The situation is one which provides a challenge to the preventive services. How are we meeting this challenge?

Prevention

Prevention of the bovine type of infection depends upon the gradual establishment of herds of cattle free from tuberculosis, or pasteurisation of milk, or both. The coastal strip from Plympton to Sidmouth has been specified by the Ministry and only tuberculin tested, pasteurized milk or sterilized milk can be sold in these areas. It is hoped that these areas will be further extended in the near future. I make reference later to the fact that we are rapidly approaching the stage when for the first time all the milk supplied to schools will be either pasteurized or tuberculin tested.

Prevention of infection with the human type of tuberculosis depends firstly on the earliest possible diagnosis and prompt isolation and treatment of cases (thus minimising the opportunities of spread of infection), and secondly on increasing the resistence of the individual. *Mass Radiography*—As has been mentioned, the Mass Radiography Units play an immense part in early diagnosis and Dr. Hollis reports as follows:—

" During 1955, a new Unit (No. 10E) became available to serve, principally, the County of Devon and the city of Exeter.

" During the year, 32,937 miniature film examinations were carried out in the County of Devon, 31,968 by unit 10E and 969 by unit 10C. (Dr. G. Sheers). 70 active cases of tuberculosis and 226 cases requiring further observation were found. The incidence of 2.1 active cases per thousand examinees agrees with expected figures in a rural county. The total represents a very considerable increase over previous years, Devon having been one of the least

mass radiographed areas in the region. A number of other cases were also discovered during the periodic visits of the units to Plymouth and Exeter.

The programme for the year was arranged to fit in with the county wide tuberculin testing of school entrants, so as to provide facilities for X-Raying the positive reactors and their family contacts. At each of these centres, a general population survey was carried out as well. In addition, a number of special visits were paid to schools and institutions where a case of active tuberculosis had been discovered recently, and to mental hospitals. As a result of experience gained throughout the year it is becoming clear that in so large a county as Devon it is not the most efficient policy to visit too many centres per year, as a thorough survey then becomes extremely difficult. It has, therefore, been agreed to limit the number of visits paid in future years to smaller centres, in order that these may be surveyed more completely, if less frequently. This is particularly important in Devon, where, with a population of over 500,000, there is need to seek out the new examinees and avoid frequent repeat examinations: since the latter give only a low yield of abnormalities.

The grateful thanks of the Mass Radiography Service are due to the County Medical Departments and Chest Clinics for their kindly assistance and excellent co-operation at all times, especially in view of the considerable extra strain thrown upon them by the substantial expansion of the programme."

Statistics of the work carried out are given in Table I, page 84.

When a case is notified it is the job of the Health Visitor, working under the guidance of the Chest Physician, to ascertain all known contacts and bring them to the Clinic for examination in order to detect any further cases at the earliest possible opportunity. In addition to the early diagnosis of cases infection can be prevented by suitable instruction of those suffering from the disease in hygiene, particularly relating to coughing and sputum disposal.

Jelly Testing

The new scheme of jelly testing in schools is another method of tracing previously unsuspected cases in the community, using school children as pointers to this infection. Children in their first year at school have received a simple test which involves the application of a small amount of jelly to the back, this being covered by a small piece of plaster for about 48 hours. If this test shows positive it indicates that the child has been in contact with the germs of tuberculosis, and the Health Visitor then lists the various members of the family, neighbours and friends with whom the child has come into close contact. These contacts are then encouraged to attend the Mass X-ray Unit on its next visit. Although it is unlikely that the children

who show these positive jelly tests will themselves be suffering from the disease, they too are X-rayed and arrangements are made for them to be followed up for a period of two years.

During the first school year (September 1954 to August 1955), 5,938 children were jelly tested and of these 404 gave positive reactions—nearly 7%. The Health Visitors listed a total of 1,087 known contacts of these jelly positive children. Of the 404 positive children, 284 (approximately 70%) attended for X-ray, as did 335 (approximately 30%) of the contacts. It is hoped that next year, when the scheme is in full operation, we shall be able to record a much more satisfactory percentage of contacts attending for examination.

As a result of the scheme, 4 contacts have been discovered to have active tuberculosis. 3 of these were mothers of the jelly positive children whilst the fourth was a younger brother aged 2. This child's X-ray was negative at his first visit to the Mass Radiography Unit but he was later notified as a case of primary T.B., following further observation at the Chest Clinic. 16 jelly positive children and 11 contacts were kept under observation and of these 4 children and 9 contacts have since been cleared. 12 children and 2 contacts remain under surveillance.

In September the 6 year olds (i.e. last year's entrants) were brought into the scheme. Next year it will include 7 year old children, and so on until by 1964 the whole school population will be covered.

Another important factor, as already indicated, is the building up of the general resistance to infection by good feeding, etc., and specific protection can be given to those at special risk by means of B.C.G. vaccination. This procedure is at present carried out by the Chest Physicians for children of known cases of tuberculosis. The Medical Research Council is at present undertaking an investigation into the routine use of B.C.G. in older school children, and if the results are favourable we should no doubt wish to consider the introduction of this measure.

Treatment

The Consultant Chest Physician Hawkmoor, reports as follows:—

The outstanding feature of the year has been the elimination of the waiting list for admission to hospital. The reduced need of beds for tuberculous patients had made possible the provision of ten beds each for male and female patients for observation purposes at Hawkmoor. An increasing number of non-tuberculous conditions are being diagnosed and treated.

Analysis of the tuberculous cases shows that 67 out of 459 were in the " A " group of the Ministry of Health classification, as compared with 80 out of 498 in 1953. In the " B " group 63 out of 373 were in the early stage as compared with 73 out of 400 in 1953. There is, therefore, little change in the type of case being admitted to our hospitals. It is depressing that so many are in an advanced stage on admission or re-admission; this is especially so now that there is no waiting list.

18 tuberculous patients died in hospital.

Work in the thoracic surgical unit has progressed despite the handicap of there being no senior registrar in the department for about half the year.

Tables II, III and IV, pages 86, 87 and 88 are appended which illustrate the volume, type and results of the tuberculous and non-tuberculous work carried out at Hawkmoor Chest Hospital, Torquay Isolation Hospital and Hawley Hospital.

There were five children of school age in the hospital on 1.1.55, four tuberculous and one non-tuberculous. Ten tuberculous and eighteen non-tuberculous children of school age were admitted during the year. Three tuberculous children and one non-tuberculous child remained in the hospital at 31.12.55.

These children were grouped clinically as follows:—

1. **Tuberculous Cases**	
Pulmonary (no bacilli isolated)	3
Pulmonary (bacilli isolated)	8
Non-Pulmonary	3
	14
2. **Non-Tuberculous Cases**	
Bronchiectasis	11
Bronchitis	5
Patent Ductus Arteriosus	2
Lung Abscess	1
	19

Tuberculous Cases

The number of tuberculous children has again declined.

The pulmonary cases were all treated by conventional methods, including a lobectomy in one case.

Of the non-pulmonary cases, two were tuberculosis of cervical glands, which were surgically removed, and one had tuberculous peritonitis, the latter case being sent to Hawkmoor from a general hospital, for post-operative convalescence.

Of the eleven children suffering from pulmonary tuberculosis, four had a history of contact with an open case, but no such history could be obtained in the remaining seven pulmonary cases, nor in the three non-pulmonary cases.

This rather high proportion of known sources of infection emphasizes once again the importance of the contact examination work carried out by the Chest Physicians and the grave risk to which children are exposed who have to live in contact with open cases of tuberculosis.

Non-Tuberculous Cases

Of the eleven cases of bronchiectasis, nine had surgical treatment. The two congenital heart cases also had surgical treatment. The remaining children had medical treatment.

Discharges

Tuberculous Cases. Of those discharged, seven were fit to return to school.

Non-Tuberculous Cases. All those discharged were considered fit to return to school after a further period of convalescence.

No child of school age died in the hospital during the year.

The average length of stay was 141 days for the tuberculous cases and 50 days for the non-tuberculous cases.

Work of Chest Clinics

Tuberculosis Register

Present Total	4,499
New Notifications	429
Deaths	100

The register is under constant review and is up to date. The great majority of notifications are either made by or at the instigation of the chest physicians. There are no doctors in the area whose views on notification deviate widely from the rest.

Contacts

The number examined at clinics for the first time is 1,789, i.e. 4.17 new contacts per newly-notified case. This figure is an improvement on that for 1954 and illustrates the intensification of the case-finding effort. In addition, contacts are examined by mass radiography in increasing numbers. The examination of adult contacts while more difficult than the examination of child contacts, is a more fruitful source of chronic infectious cases. The finding and prompt treatment of these is doing a great deal to drain the pool of unknown sources of infection.

An extension of the normal contact examination has been introduced this year, the results of which are included in the contact examination statistics. This extension has been operated in conjunction with the school medical service and the mass radiography units. In it the school entrants have been offered a tuberculin test

and the contacts of positive reactors X-rayed. It is too soon yet to evaluate this procedure but it is hoped to include a further note about it in the annual report for 1956.

B.C.G. Vaccination

675 contacts have been successfully vaccinated. 73 nurses or other hospital staff were also successfully vaccinated and, in addition, 722 school leavers have been vaccinated.

Domiciliary Visits

The majority of these visits continues to be in connection with tuberculosis. As a rule consultations are only made on cases too ill to attend the clinic, but every effort is made to pay at least one visit to all cases sent to the clinic, in order to ascertain the home conditions. Enough routine follow-up visits are still difficult to manage, mainly because of the increasing numbers on the register. A number of consultations in cases of non-tuberculous diseases are made, mostly to patients in general hospitals.

Health Visitors

The Health Visitors have done most valuable work in connection with the supervision of patients in their homes, contact examination and B.C.G. Vaccination. It is to be hoped that, in the present phase of intensive effort to bring tuberculosis under control, the health visitors will be permitted to continue to the full their invaluable work in this field. Any diminution in the amount of time spent in tuberculosis control work must inevitably reduce the chance of success.

Milk-borne Tuberculosis

We welcome the extension of the attested herds schemes in part of the county, and are particularly pleased to know that the Devon branch of the National Farmers' Union is doing good work in urging the extension of the scheme to include the whole of the county.

Bacteriology

This work is done in the Public Health Laboratory in Exeter. Increasing use of culture methods for the isolation and study of tubercle bacilli has resulted in heavier demands upon this service, and we are grateful for the way in which the Director and his staff have responded.

Mass Radiography

This year has seen the arrival of the new unit for work primarily in the clinical area. This enables a more thorough programme to be

carried out, details of which are contained in the director's report. This addition to our case-finding facilities has been most welcome.

The chest physicians are deeply appreciative of the way in which the mass radiography service responds to special requests, such as the examination of school populations in which an active case of tuberculosis has been found.

The fall in the number of new notifications is unexpected in view of the intensified case-finding programme. In addition to the work in the clinics, which has continued with undiminished intensity (4,657 new cases examined as compared with 4,354 in 1954), the programme has included the work of an extra M.M.R. unit working chiefly in the clinical area, and the tuberculin testing of school entrants. The number of posthumous notifications has also declined, as recorded in the special note on this subject below.

That increased effort should yield diminishing results is satisfactory as far as it goes, but proper control will not have been obtained until the numbers on the register begin to decline as well.

Memorandum of Posthumous Notifications of Tuberculosis in the Exeter Clinical Area during 1955

According to the records of the local registrars, 16 persons had tuberculosis mentioned on their death certificates during the year and were thought to have been notified during life. Investigations into these cases revealed the following information.

3 patients had, in fact, been notified (dates verified). Of the remaining 13, 3 were known to the chest clinics and were not considered to be suffering from active tuberculosis. In all these 6 cases appropriate action regarding contacts and supervision has been taken.

Of the remaining 10 cases:—

2 were known to the chest clinics and full precautions regarding contacts taken but notification overlooked.

1 was a transfer from another region and was wrongly thought to have been already notified. Contacts examined.

1 died from uraemia resulting from renal tuberculosis.

1, a chronic alcholic, died from a rapid terminal tuberculous pneumonia, diagnosed post-mortem.

2 had local tuberculosis as a secondary cause of death, one to cancer of lung, the other to cancer of bladder.

1 died after refusing investigation into the nature of his illness. Post-mortem diagnosis.

2—Perusal of hospital notes suggests death was due to bronchiectasis and not tuberculosis.

Of the 16 cases investigated, 3 had been notified. In 2 of these, notification was in the maiden name and there was some confusion

of identity. 3 cases were known to the clinics and considered not to be suffering from active tuberculosis.

Of the remaining 10 cases, 6 had active tuberculosis at the time of death, in 2 the disease was associated with carcinoma, which obscured it, and in 2 the hospital records suggest bronchiectasis as the cause of death, in spite of the certified cause.

Of the 6 cases of active tuberculosis, 5 were pulmonary and one renal. Thus, there would seem to have been 5 infectious cases amongst the posthumous notifications but, in fact, 3 were under clinical supervision. The remaining 2 patients were public dangers, one especally because of his unco-operative attitude."

Occupational Therapy

Occupational therapy can be given to those patients who are fit enough to undertake it but who are not yet fit to resume work. Tuberculous cases are taken on by one of the four Occupational Therapists only at the request of the Chest Physician. The Senior Occupational Therapist reports as follows:—

Working of the Scheme. Owing to the resignation of Miss Giblin there were only two Therapists covering the County from April 1955 until two new Therapists were appointed in August and September respectively—from then until the end of 1955 the Occupational Therapy team was working at full strength for the first time, and although there has been no marked increase in the Scheme the overall picture is one of greater stability and improved efficiency.

Division of the County. A new Centre was set up at Honiton dividing the county into four areas, although the other centres remain at Torquay, Exeter and Barnstaple, the areas covered from these centres have been reduced. These smaller areas have proved more manageable, and the appreceable amount of travelling time saved has enabled the Therapists to give longer periods of instruction.

Craftwork and Activities. It was hoped that with the appointment of male therapists there would be an introduction of new crafts, but this has not been realised. But with the improved service there has been a rise in the standard of work. Aero-modelling was introduced in two areas, rolled gold wire jewellery which was started last year, has continued to be popular and in some cases has reached a high standard in technique and design. The hand painting of plaster figures for a small concern in E. Devon has given occupation to about six cases during the year, a selection of these figures were exhibited at the British Industries Fair and received praise for their fine finish. Those arousing especial interest were the reproductions of Antique Chessmen from the British Museum. A tuberculous case in North

Devon has, while on bed rest, completed the Womens Institute Course in dress-making and tailoring gaining an average of 99%, she has also been accepted as an external student of Ruskin College and has embarked on a course in Psychology.

Decrease in Activity. In the years immediately after the war individual patients had little or no difficulty in disposing of the items produced in Occupational Therapy. Now that the market for these goods has fallen, more and more patients who should be actively employed are refusing to embark on craftwork as they do not feel able to pay for materials. Only in a few cases is there the opportunity to sell this work or indeed the personality needed to do so.

Open-Air School. The number of school children attending the Therapy Class at the Steps Cross Open-Air School has more than doubled. It is hoped to start woodwork in the near future; the Therapist in charge of this class feels that it could be profitably extended to two sessions of one hour per week if this could be fitted in with the school curriculum.

Torquay Leisure Club. Help and advice has been given to the Torquay Leisure Club for the mental handicapped to start an adult section in basketry. This is only on a temporary basis to help the Club leaders to acquire knowledge of the technique and materials necessary for this Craft.

Relations with Other Organisations

1. **Preparatory Training.** Good use has been made of the facilities offered by this organisation. Courses in driving, book-keeping, hotel management, wireless construction, languages, educational subjects, dress-making and psychology have been provided. The organisation also arranged for the payment of a trial period at Dartington Hall for a psychological case and have now inaugurated a magazine for young chronics which has brought pleasure to many bed-bound cases of the under-thirty group.
2. **The British Red Cross Library,** has continued to be popular with a small number of cases. It is regrettable that there is very little enthusiasm for reading.
3. **Ministry of Pensions.** During the year several cases have been referred who the Ministry feel need help and instruction. This body is very helpful in marketing the articles made by Pensioners at their sales in Exeter and Plymouth.
4. **Ministry of Labour.** There have been fewer calls on the D.R.O's during this year but any cases referred have received prompt and sympathetic consideration. There still seems little hope of employment for cases discharged for light work especially in rural areas.

5. **D.C.C. Welfare Scheme.** Nine cases of a chronic nature have been transferred to this Scheme since its inception in April, 1955.

	Tuberculous	*Non-tuberculous*	*Mental Health*	*Total*
No. of cases receiving treatment at beginning of year	157	109	10	
No. of cases referred during year—				
Treated	79	55	6	
On Waiting List	3	4	2	
Old cases re-admitted	4	5	—	
Sufficiently recovered to resume Therapy	2	—	—	
Where seasonal employment ceases in winter..	2	2	—	
TOTAL ON REGISTER ..	247	175	18	440
No. of cases who discontinued Therapy during the year ..	62	60	4	126
TOTAL ON REGISTER at end of year (including waiting list)	185	115	14	314
Total visits carried out ..	1,941	1,991		3,932
Total cases visited	239	194	18	451
Number of cases using B.R.C.S. Library		19		
,, of cases using Preparatory Training		11		

Rehabilitation

Patients who need a course of rehabilitation and who need to be trained for a lighter occupation can be admitted to one of the Rehabilitation Homes such as Papworth and Enham-Alamein Settlements, and the British Legion Settlement at Maidstone, Kent. During the year three cases were helped under this scheme. The Committee has under consideration the introduction of a further scheme to provide recuperative holidays for tuberculous patients during the coming year.

INSPECTION AND SUPERVISION OF FOOD
Food and Drugs Act, 1938

The County Sanitary Officer submits the following Report for 1955:—

During the year, 2,529 formal and informal samples were taken by the Department's seven Sampling Officers under the Food & Drugs Act, 1938.

272 of these were formal milk samples and 653 were of a variety of commodities other than milk, such as ice cream, sausages, spirits, proprietary medicines and all food commodities on sale to the public in a grocer's shop. All these samples were submitted to the Public Analyst.

The remaining 1,604 were milks submitted to the Gerber Test in the milk testing laboratory conducted by this Department. 143 of them were found to be deficient in either non-fatty milk solids or butter fat and, being formal samples, they were sent to the Public Analyst and are included in the 272 samples mentioned above.

Of the 981 samples reported on by the Public Analyst, 108 were declared to be either adulterated or giving rise to other irregularity. These samples are sub-divided as follows:—

Milk	81
Other Commodities	27

There were eight prosecutions for the adulteration of milk and warnings were given in seven other cases. The remaining 66 samples all concerned milk in which the non-fatty solids and/or butter fat were below the normally accepted figures, but investigation in each case showed that the milk was being sold in the same condition as it came from the cow, so that no offences under the Food & Drugs Acts were being committed. In addition there were four prosecutions in respect of commodities other than milk, and warnings were given in ten other cases. The remaining 13 cases concerned sausages in which the meat content was very slightly below the normally accepted standard but not so deficient that any action was either necessary or desirable.

Milk (Special Designation) (Pasteurized and Sterilised Milk) Regulations, 1949

The County Council became responsible for the licensing of all Pasteurising Plants in the County on the 1st January, 1950, and a considerable amount of work has been done since that date in advising dairymen who are contemplating the installation of the necessary equipment for the pasteurisation of milk. At the end of 1955, twelve licences were in force.

All licensed premises were regularly inspected by the County Sanitary Officer and samples of milk were submitted for laboratory examination at very frequent intervals.

Additional checks on the quality of processed milk were afforded by the routine sampling of milk delivered to schools in the County, as a very large proportion of school milk is pasteurised before delivery.

Visits of inspection to Pasteurising Plants 368

Number of Samples Submitted:

Total	*Examination:*	*Passed*	*Failed:*
	Phosphatase Test:	896	17
913	*Methylene Blue Test*	905	8

Washing of Bottles submitted for bacteriological examination:	*Total:*	*Passed:*	*Failed:*
	101	80	21

Visits to schools and farms in connection with school milk supplies .. 1,277

Milk in Schools Scheme

During the year the herds of producers supplying milk under this scheme have been examined quarterly and samples of milk submitted from any suspicious cows.

1,123 samples of milk have been taken from schools for cleanliness and, of these, 55 have failed to pass the Methylene Blue Test, which is a measure of the keeping quality of the milk.

Biological Sampling of Milk for the Presence of Tuberculosis

1,041 samples were submitted to the Laboratory for examination in order to detect the presence of tuberculosis: 5 samples showed the presence of tuberculosis. Immediate action to trace the cow or cows responsible was taken by the Divisional Veterinary Officer of the Animal Health Division, Ministry of Agriculture and Fisheries.

The Divisional Veterinary Officer's return to me shows that 53,003 cattle in ordinary herds were inspected during the period ended December 31st, 1955, and that 9 were confirmed as suffering from Tuberculosis of the udder.

Rural Water Supplies and Sewerage Act, 1944

The three Water Boards—the North Devon, the South Devon and the East Devon Water Boards—have all been very active during the year, and all have substantial schemes, either in course of construction or awaiting the consent of the Minister of Housing and Local Government. This progress is emphasised by the increasing amount of the precept which each Board makes on the County Council. Comparative figures are as follows:—

	1953/54: *Actual Cost*	1954/55: *Actual Cost*	1955/56: *Actual Cost*	1956/57: *Precept*
North Devon Water Board:	£61,971	£68,323	£82,587	£111,295
South Devon Water Board:	£48,651	£40,086	£44,505	£50,800
East Devon Water Board:	£26,008	£18,788	£23,037	£25,000

During the year, the following schemes were considered by the County Medical Department, and recommendations in each case were made to the appropriate Committee of the County Council:—

Water Supply Schemes

Local Authority:	*Parishes or Areas Affected:*	*Estimated Cost:* £
Newton Abbot R.D.	Bishopsteignton	450
	Bovey Tracey	1,300
	Chudleigh	10,300
	Heathfield	2,000
Plympton St. Mary R.D.—8 minor extensions:—		
	Cornwood	
	Plympton	
	Plymstock	
	Pomphlett	
	Yealmpton	13,349
Tiverton R.D.	Silverton and Thorverton	800

Sewerage and Sewage Disposal Schemes

Barnstaple R.D.	Bishops Tawton	36,992
Bideford R.D.	Higher Clovelly	18,300
Holsworthy R.D.	Black Torrington	12,458
Honiton R.D.	Offwell	7,675
	Yarcombe	3,800
Kingsbridge R.D.	Bigbury	258
	Churchstow	4,150
	East Prawle	1,096
	Stokenham	7,554
	Thurlestone	7,330
Newton Abbot R.D.	Bishopsteignton	640
	Ideford	3,900
Okehampton R.D.	Chagford	49,408
	North Tawton	41,035
	Sourton	4,525
Ottery St. Mary U.D.		18,950
Plympton R.D.	Lee Moor	6,760
	Plympton	155,290
St. Thomas R.D.	Brampford Speke	575
	Clyst Valley	276,000
	Kenn and Kennford	20,335
	Woodbury	5,950
South Molton B.C.—second stage of Borough scheme		42,025
Tiverton R.D.	Willand	33,200
Torrington R.D.	Kingscott	10,300
	Roborough	9,200
	St. Giles	11,500
Totnes R.D.	Stoke Gabriel	19,359

PERSONAL HEALTH SERVICES

MATERNITY SERVICES

The drop in the total number of births has resulted in a small percentage increase in hospital deliveries as the number of maternity beds has remained unchanged. This results in our being able to offer some expectant mothers a bed without there being a priority medical or social reason, and the arrangements for the confinement can then be made solely in accordance with the wishes of the parents. Bookings for maternity units on social grounds are made as Agents for the Regional Hospital Board and in accordance with the general requirements of the Board. The availability of maternity beds in some parts of the County is not directly related to the population, with the result that there cannot be an absolutely uniform standard on which hospital accommodation is allocated. As, however, over 59% of all confinements take place in hospital—a figure higher than that of many authorities—it is unlikely that any expectant mother with a major social need is denied a bed.

Under Section 203 (2) of the Public Health Act, 1936, all births in the Administrative County must be notified within 36 hours to the County Medical Officer.

40.6 per cent of infants were born at home and 59.4 in hospitals or other institutions.

In the County 6,445 live births were notified (adjusted for transfers in and out).

Domiciliary	2,618
Institutional	3,827
Total	6,445

Stillbirths

In the Administrative County, 152 stillbirths were notified during the year. (Adjusted for inward and outward transfers.)

Domiciliary	33
Institutional	119
Total	152

Midwifery

The Domiciliary District Nurse/Midwives were kept busy and attended over 2,500 of the total births. The Midwife/Health Visitor Ante-Natal Clinic continues to play a very large part in the teaching of expectant mothers. The various types of visual aid such as films, flannelgraphs, birth atlases, leaflets and books which are at the

disposal of the staff are an invaluable help in this work, as are the lectures given through the branches of the Royal College of Midwives, by various Consultants and General Practitioners in the County. I am most grateful to them for this service, as not only does it help to keep the Midwife up to date, but it also provides a most useful liaison between the nurses and Doctors with whom they work.

Twelve midwives attended Post-Graduate Refresher Courses in various parts of the country, returning with some very good ideas, which they are now putting into practice, one of which is the administration of intra gastric oxygen to small and premature babies. Each midwife has been supplied with the necessary apparatus and although it is too early yet to state just how valuable it has been, I have reason to believe that figures will show that it has been life-saving in quite a few instances.

The midwives themselves have also organised three Study Days in the County which have been well attended, and the Royal College of Midwives has spared no expense in getting eminent people to come and lecture to them.

Ante-Natal Clinics are held in 13 centres, the total attendance during the year being:—

Sessions	*No. of Women Attending*	*No. of Attendances*	*No. of New Cases*
628	1,243	5,455	1,020

Family Planning

The Devon County Council make a grant to the Women's Welfare Association, which is affiliated to the Family Planning Association. The number of cases seen under the Devon County Council's arrangements was 134 new cases and 734 continuation cases, as compared with 156 and 767 in 1954.

Care of Unmarried Mothers and their Children

Unmarried mothers and their children are cared for by arrangement with the Diocesan Council for Moral Welfare Work, to whom a grant is made by the County Council, who, in addition, pay travelling expenses of eight workers engaged on cases referred by the County Medical Department.

During the year the Council dealt with 234 cases, 86 of which were referred to the Moral Welfare Workers by my Department.

The County Council accepted financial responsibility for the following cases which were admitted to Mother and Baby Homes during 1955.

Dunmore, Bradninch	..	7
St. Olave's, Exeter	..	13
Southview, Plymouth	..	7
The Haven, Yateley	..	1
St. Nicholas, Exeter	..	16
		44

INFANT WELFARE SERVICES

The births of all infants are notified to the County Medical Officer under the Public Health Act 1936 and this information is passed to the Health Visitor for the area, who is supplied with a card for record purposes. She then visits the home of the baby between two or three weeks after the birth to offer the mother any advice and guidance she may wish for in the upbringing of the young family. In this County it is very rare for the Health Visitor to be other than welcome.

Premature Births

During the year 380 premature births (i.e., babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation), were notified.

Table V (see page 89) gives the birth weight, place of birth and the number of premature babies surviving in each group at the end of 28 days.

Child Welfare Centres

There are 78 Child Welfare Centres at present functioning in the county, and at these centres children under 5 years of age can attend at regular intervals—be weighed, vaccinated, immunised and be seen by the Medical and Dental Officers. Despite the extremely rural nature of much of Devon nearly half the children under 2 years of age make use of these centres. By this regular supervision minor physical defects can be detected and treatment arranged, and, more important, many others avoided by preventive care. The Ministry Welfare Foods are also obtainable there and at other suitably placed distribution points throughout the county.

The Scheme whereby in certain small schools parents may bring their " pre-school age " children for medical examination was continued during the year and 182 children were seen by Medical Officers. New centres were opened at Barnstaple, Chivenor and

Cockington (Torquay). Attendances recorded during the year at the 78 centres were as follows:—

	Totals
Sessions held	2,858
Attendances by mothers	65,312
Infants attending (born in 1955)	3,242
Attendances by infants under 1 year.. ..	49,659
Children 1—2 years attending (born 1954) ..	3,281
Attendances by children aged 1—2 years ..	14,943
Children 2—5 years attending (born 1949-53)	4,545
Attendances by children aged 2—5 years ..	16,696

Welfare Foods

It is pleasing to report that the distribution of Welfare Foods has continued in a smoothly efficient manner which reflects great credit on the Women's Voluntary Services and on the individual voluntary distributors. Many of the difficulties which unavoidably arose during the first six months of the service have disappeared, and complaints from beneficiaries are rare.

All helpers distributing the foods do so in a purely voluntary capacity, and whereas the W.V.S. is responsible for the distribution in the towns, the rural community is largely served by other public spirited individuals, all of whom give time and accommodation to ensure that the foods are available to those in need of them.

241 voluntary distributors and the 46 W.V.S. operated centres have been responsible during the year for the issue of

188,394 Tins of National Dried Milk
50,297 Bottles of Cod Liver Oil
16,693 Packets of A & D Vitamin Tablets, and
259,889 Bottles of Orange Juice

Area offices are served by the staff of certain District Councils and by officers of the Childrens, Education and Welfare Departments of the County Council. One must record the unstinting help and co-operation received from them at all times.

Problem Families

Particular supervision has again been given to these families in which there are children on the Co-ordinating Officer's Central Register. The number now stands at 112. There are additionally more than 100 other families in which the care of the children is considered to be unsatisfactory but hardly sufficiently bad to be put on the register. All these families receive special visiting, mainly from the Health Visitor and the Education Welfare Officer, and while efforts are continuously made to avoid duplication of visits there have been many occasions on which the advantage has been shown of visitors of both sexes going to a home, provided always,

that close agreement on ideas and plans for the particular family has already been reached. Every year a few families arrive in the county who have had many previous addresses and are without much of the basic household equipment of family life. Usually too many years of only spasmodic working have turned the "head of the house" into anything but a breadwinner. Such families have but a negligible chance of obtaining housing and present the most difficult of problems, but, in the interest of the children, it is apparent that sustained efforts must be made to stabilise the family situation. In a few of these families the question inevitably arises whether taking the children into care would increase in any way the existing deprivation. So unstable are a small proportion of these families that through a change of work and residence the number of schools an older child may have attended does in fact run into double figures. It is perhaps important to stress that it is almost unknown to meet a case of wilful neglect.

There is evidence that children attending Maristow and Bradfield are themselves exerting a good influence on the parents and thereby improving the conditions of the younger brothers and sisters in the family.

So many of these families lack simple lasting household utensils and equipment that it is not possible for the wife to cook or clean properly, and there appears to be a real need for a system by which such articles as brooms, saucepans and the like could be supplied, under the supervision of officers of the County Council, and paid for in small regular sums. Where such families are decently housed, rent is often a special problem. In rural areas weekly visits of rent collectors are often not possible and in many instances the family finds it "impossible" to plan the expending of the income to last the full week, let alone reserving the rent for two or even four weeks. Where families are receiving National Assistance the officers of the Board are endeavouring to cover this aspect of the problem.

The most complex cases are considered at meetings called by the Co-ordinating Officer for children neglected in their own homes. At these meetings plans are agreed upon for the future care and rehabilitation of each family.

Dental Care of Expectant and Nursing Mothers and Young Children

The County Dental Officer reports:—

The methods by which the Health Authority's statutory obligations to provide dental care for expectant and nursing mothers and of young children, under Sec. 22 of the National Health Service Act, have been carried out and have been fully described in earlier reports and need not be repeated here. During the year, however, the Ministry of Health issued a circular to all Local Health Authorities in England on Maternity and Child Welfare Dental Services.

This circular laid stress on the need for an expansion of the service provided and for special emphasis to be laid on the retention, where possible, of the natural teeth; and in particular the need for increased dental health education with a view to the prevention of dental disease. Notes containing the most up-to-date knowledge on methods for the promotion of dental health were included with the circular and copies of these notes were sent to all dental officers to assist them with their educative works at Ante-Natal Clinics and Child Welfare Centres and other insitutions where mothers and young children are gathered together. The County Dental Officer has also addressed meetings of Staff Sisters and Health Visitors on dental health problems, and Ministry of Health literature on the subject has been distributed. It remains to be seen what fruit these activities will bear.

In areas where it has been impossible to refer cases to a dental clinic, owing to geographical or other reasons, they have been referred on a case basis to a general dental practitioner of their choice and the cost of treatment borne by the County. Where a mobile clinic has been in an area for any length of time cases have been referred for treatment by the Dental Officer in charge of the clinic and a number of cases have been treated in them. It is hoped that it may be possible to extend this practice in future years.

Nurseries and Child-Minders Regulations Act 1948

During the year one application was received for registration of premises as a Day Nursery for 20 children, and the number of Nurseries on the register at the end of the year was 6, providing for 122 children.

Two child-minders in the County are registered for 19 children.

HEALTH VISITING SERVICE

At the end of 1955 there were 44 Health Visitors actually on the staff. The full establishment was 45 but there was one vacancy in the Torquay area. As far as possible, except in the bigger towns, the Health Visitors' areas were based on grouping of parishes arranged to give a balance between acreage and population. The proportion of time allocated was still considered to be 70% on Health Visiting and 30% on School Nursing duties but this figure was somewhat arbitrary as more and more the Health Visitor has become the family advisor and in many cases accurate separation of her working time into its component parts has become impossible. These figures can only therefore be considered to be an approximate estimation.

It is noteworthy that since the implementation of the Health Act in 1948 the number of visits to children under 5 years of age has practically doubled, though there has only been a 12% increase in

staff. During this period there has been an ever increasing co-operation with the General Practitioner and with the Hospital Consultants, and these figures in some measure demonstrate the value placed on the Health Visitor's work to the community. The increase is also partly due to the growing emphasis on the particular care of the premature baby and those families presenting social problems.

From the comparative figures it is apparent that the existing staff cannot possibly implement those parts of the Act that envisaged the Health Visitor taking an important part in the care of the aged in their own homes and in the after care of people discharged from hospital. The Health Visiting service cannot be considered complete until there is a sufficient number of Health Visitors to ensure that both these aspects of the work are much more fully covered.

A summary of the work undertaken by the Health Visitors during 1955 is as follows:—

Type of Visit	*No. of Visits*
Infants under 1 year	46,410
Children 1—2 years	23,176
,, 2—5 ,,	39,222
Schoolchildren (Schools—7,175; Homes—5,919)	13,094
Expectant Mothers	3,083
Tuberculosis	2,135
Aged	1,627
Hospital after care	408
Home Help Service	1,807
Under Children's Act	1,532
All Others	566

HOME NURSING SERVICE

The pattern of the District Nurse's work has changed considerably since 1948. Prior to the Health Act she undertook practical nursing, as she still does, but she was not so much a part of the whole health team as she is at present, and instead of just nursing illness she now takes a very big interest in the re-habilitation of her patients, and is brought more into contact with the occupational therapist. She also plays a large part in the care of the aged, and of the 19,582 cases nursed last year 8,648 were over 65 years of age and received 188,053 visits. This work brings the Health Visiting Service, the Welfare Department, the Home Help Department and District Nurse much closer together. She too has to play her part in teaching and various organisations such as the Women's Voluntary Services Women's Institute, British Red Cross and St. John's Ambulance are all calling upon her to address their meetings and help with training. Again, the visual aids at her disposal are most helpful to her in this work. I am glad to report that she is also giving the Home Nursing lectures of the Civil Defence Course.

The following Table shows the main types of duties of the Home Nurses :—

	Medical	*Surgical*	*Infectious Diseases*	*Tuberculosis*	*Maternal Complications*	*Others*	*Totals*	*Patients already included who were 65 or over*	*Children already included who were under 5*
Number of cases attended	13,185	4,938	21	81	386	971	19,582	8,648	1,367
Number of visits paid	248,688	71,389	221	3,979	2,538	27,254	354,069	188,053	6,982

Of the total number of visits paid 40% were mainly for the purpose of injections of various types although general nursing attention was also given in some of these cases. About 25% of the visits were for general attention to chronic cases. A further 20% were for dressings in cases of accidents, for surgical cases and for various septic conditions.

Nursing of Children

There is an increasing tendency to nurse sick children at home. The two Paediatricians serving the County Dr. Brimblecombe of Exeter and Dr. Jolly of Plymouth invite nurses into their hospitals to see the type of work being done, and willingly give lectures to groups of nurses whenever they are asked to do so. They also come out to see children in their own homes, and to give advice on home nursing treatment. There is a very close co-operation between Paediatricians, General Practitioners and District Nurses, and in many instances an exchange of notes. The types of illnesses now being nursed at home include Rheumatism, Whooping Cough, Measles, Chicken Pox, Otitis Media, Bronchitis, Tonsillitis, Burns, Scalds, Diabetes. In the Neo-Natal Period, the Paediatricians are most willing to come out on the District to see babies with birth injuries, or with feeding difficulties and the Orthopaedic Surgeons are also very good in seeing babies suffering from congenital deformities.

1,367 children were nursed at home last year, entailing 6,982 visits.

I should like to take this opportunity of thanking Drs. Brimblecombe and Jolly not only for the assistance recorded above but also for all the helpful advice given during the year. We are particularly appreciative of the special ward rounds Dr. Brimblecombe conducts

either at the Royal Devon and Exeter Hospital or City Hospital one Saturday morning every other month, to which are invited all Medical Officers within reach of Exeter.

Registration of Nursing Homes

Under Sections 187—194 of the Public Health Act, 1936, 2 Nursing Homes have been registered for 11 beds (medical convalescence), during the year. The total number of Homes on the register at the end of the year was 39, providing 69 maternity and 359 other beds. This excludes the Borough of Torquay to whom all functions under the above Sections were delegated.

Regular inspections are made of Nursing Homes for the purpose of ensuring that the byelaws made by the County Council under the Act have been duly observed.

Nurses Acts 1919—1945

Three applications for renewal of licences to carry on agencies for the supply of nurses, under these acts, were received during the year, and renewals granted.

HOME HELP SERVICE

During 1955 the W.V.S. took over the Service in Exmouth and Crediton and now operate in the following areas:

Axminster	Exmouth	Tavistock
Barnstaple Urban/Rural	Ilfracombe	Teignmouth
Bideford	Marlborough/Salcombe	Tiverton
Brixham	Newton Abbot Urban/Rural	Torquay
Crediton	Okehampton	Totnes Borough
Dartmouth	Paignton	Totnes Rural
Dawlish	Sidmouth	

The remainder of the County is covered by application direct to the County Medical Officer and referred to the County Home Help Organiser, Health Visitors and District Nurses for supervision.

As at December 31st, 1955, 354 part-time Home Helps were employed and during the year the following 1,699 cases were dealt with:

	Maternity	*T.B.*	*Chronic Sick*	*Others*	*Totals*
W.V.S.	148	22	745	311	1,226
Other areas	131	14	242	86	473
	279	36	987	397	1,699

These figures do not represent the total number of applications dealt with. In many instances patients have managed to make private arrangements for domestic assistance where such was possible and some were referred to the National Assistance Board for supplementary grants in order that more economical facilities could be made use of outside the County Scheme. In all these cases

assurance was given that the need was adequately met. In this way, and with periodic review of cases, despite increases in Home Help Wages and National Insurance costs, it has been possible to maintain the Service at the highest level within estimated expenditure.

The general trend is for the greater part of the Service to be concerned with the care of old people in their own homes, and many discharges from hospitals are conditional upon a Home Help being available. The majority of such cases are of long duration and the care of the aged will continue to be the major problem of the Service.

My sincere thanks go to the team of W.V.S. Organisers and their helpers throughout the County for their splendid work in connection with the Home Help Service and for their co-operation with the Medical Department in developing the Service and controlling it at its present level.

MENTAL HEALTH SERVICES

Mental Defect

Mental Defectives are ascertained under the Mental Deficiency Acts, 1913—1938, by the Medical Advisor in Mental Health. Cases are brought to our notice through various agencies, including Private Practitioners, Hospital Almoners, Probation Officers, National Assistance Board, Children's Officer, Health Visitors, School Nurses, parents and relatives. The majority however are reported by the School Medical Officers using the provisions of Section 57 of the Education Act.

Occupational Training

Those children excluded from school as being ineducable are offered training at centres or in their own homes.

The three Occupation Centres at Torquay, Barnstaple and Plymstock continue to train young defectives, and in addition we have been able to make provision for some cases to attend the Exeter Occupation Centre; all the Centres are doing excellent work. For these children unable to attend an Occupation Centre by reason of distance, or other handicap, we arrange for teaching in their own homes. The Home Teachers also visit adult defectives, including cases under Guardianship. There are larger group classes arranged in two areas, Tavistock and Bideford, but the flourishing group at Seaton has been in suspense during the year owing to the fact that no Home Teacher could be found to fill the place of the late Miss Bartlett. The Teachers make arrangements for two or more pupils living near each other to be taken together.

There is a Club in Torquay for young adult defectives of both sexes, carried on at present by Mrs. M. Briggs, Club Leader. This Club is held on Wednesday afternoons from 2—5 p.m., at St. Luke's

Church Hall, St. Luke's Road, Torquay. There is an average attendance of 20.

The Barnstaple Club run by the Devon and Exeter Association for Mental Health still continues and meets on Friday afternoons from 2—4 p.m., under the supervision of Miss Karslake. The Club has met at the Congregational Schoolroom, the Strand, Barnstaple, up to the 1st October, 1955, but during the Autumn an experiment is being made in holding this Club at the Barnstaple Occupation Centre. There are at present 5 on the roll.

Supervision

Children reported as probably in need of supervision after leaving school, together with those ascertained after school leaving age, are placed under supervision. At the end of the year 476 patients were under statutory and 404 under voluntary supervision.

Special mention should be made of the visits now being made by the Social Workers to Bradfield Special School by invitation of the Headmaster. The Social Workers are thus enabled to meet the boys whom they are to help well before they leave school, and to learn about their qualities at first hand from the teaching staff. It is hoped to develop this system further next year.

Guardianship

There are 56 Guardianship cases (including 11 belonging to other Authorities residing in the County of Devon). There were 5 new Devon cases placed under Guardianship during the year; three of these were recommended by the Royal Western Counties Hospital Management Committee, and 1 by the Sandhill Park Hospital Management Committee and Varying Orders were made. The other case was formerly under Statutory Supervision.

There were 3 discharges from Guardianship and 1 patient died, 3 of these belong to other Local Authorities. Of the discharges 2 were discharged absolutely and a Varying Order was made for 1 transferring her to a Mental Deficiency Institution.

The cases are visited in accordance with Section 76 (1) of the Mental Deficiency Regulations, 1948, by the Medical Advisor in Mental Health at least once per annum and more often if considered necessary. The cases are supervised by the Social Workers in Mental Health who visit at least once every quarter. Of these Guardianship cases 5 Devon patients are residing outside the County. There is a total of 16 Devon patients who are in employment; of these, 7 cases are on Licence from Guardianship.

Institutional Care

If residential care becomes necessary arrangements are made to take the necessary legal action, and petitions were prepared and presented in 34 cases.

The Social Workers in Mental Health/Duly Authorised Officers supervise patients on licence in Devon from Institutions in other hospital groups in the South West Region, but the Royal Western Counties Institution, Starcross, carry out their supervision by their own Officers. On behalf of the Royal Western Counties Institution Group the Local Authority visit the homes of patients whose parents have applied for holiday leave and reports are made on the home conditions. This form of co-operation between the Local Authority and the Institutional Hospital Group is of mutual advantage but it does involve a considerable amount of work, especially at Christmas, Easter and during the Summer holidays.

A statistical summary of the work carried out during the year is given in table VI page 90.

Mental Illness

To carry out duties under the Lunacy and Mental Treatment Acts, 1890—1930, as amended by the National Health Service Act, 1946, we employ 10 Officers, (7 men and 3 women), who are responsible for areas which cover the whole of Devon. We describe these Officers as " Social Workers in the Mental Health," because we emphasize that, in addition to their responsibilities for community care and Statutory duties as Duly Authorised Officers, they have a positive opportunity within their areas of helping to create a well-informed public opinion on the facilities which are now available for prevention, care and aftercare in the field of mental illness.

The Social Worker collates the material for a detailed social history on almost every patient who is admitted to a Mental Hospital in Devon. The value of this social history depends not only on the accuracy of the information, but essentially on the skill and insight of the Social Worker into the psychological situation. The frequency and emphasis of visits by the Social Worker depends on the requirements of the individual patient, and periodical reports on their progress are sent to the Medical Superintendent. Where desirable, the Social Worker will transport a patient to the Psychiatric Out-Patient Clinic for consultation and treatment. The work of our Social Workers is complementary to that of the family doctor and the Psychiatrist, under whose guidance we endeavour to help the patient to make a reasonably satisfactory adjustment to his environment. The same Social Worker who has arranged the admission of a patient almost invariably assists towards rehabilitating him in the community after treatment. The object of After-care is the prevention of social stress which might possibly lead to a further breakdown. Each patient presents an individual problem and methods which bring a successful conclusion in one case may well bring failure in another; statistics are not always a reliable guide to human happiness, but where there is close co-operation between the patient's own

doctor, the Mental Hospitals and the local Health Authority, there is more possibility of preserving a greater measure of Mental Health within the community.

Although there are no joint user arrangements, we have continued to co-operate with the Regional Hospital Board and the Hospital Management Committees. Close liaison is maintained with the staff of Mental Hospitals (and Out-patient Clinics) and every effort is made to ensure that the most effective help is available to the patient. We welcome the co-operation of other Statutory and Voluntary Services.

During the year the Social Workers gave advice in 884 cases arranged 983 admissions to Mental Hospitals, and they paid some 3,457 visits for after-care of those discharged from hospital.

Detailed statistics are given in table VI, page 90.

AMBULANCE SERVICE

New Developments

There were no new developments of outstanding importance during this year.

A departure from normal practice has been the purchase of three double-stretcher, but smaller ambulances, Morris L.D.1 type, Horsepower 16, which should meet the need for an intermediate type of ambulance. Subject to money becoming available it is proposed to confine future purchases to this kind of ambulance. The question of giving diesel ambulances a trial is being considered.

Pole Stretchers

In collaboration with the Exeter City ambulance service a new type of carrying-sheet has been designed for trial at the Royal Devon and Exeter Hospital, exchanging one for one, as suggested by the Minister in Circular 5/56. If this experiment proves successful it will be necessary to equip all County Ambulances with this sheet and extend its use to other hospitals in Devon.

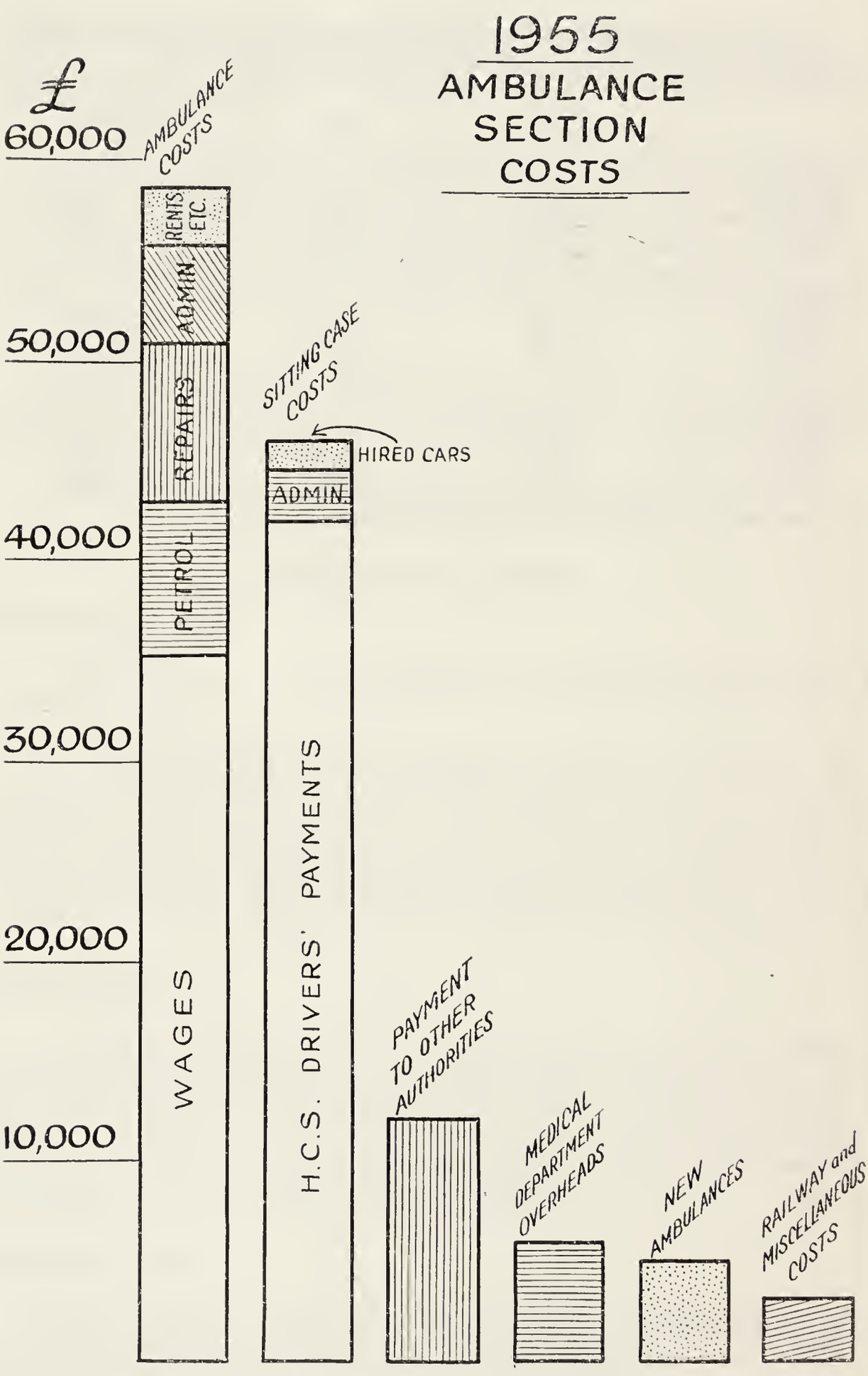
Mileage and Costs

The mileage run and the costs incurred by ambulances and sitting-case (H.C.S.) cars, in comparison with 1954 shows no substantial differences as the following table indicates.

The apportionment of costs for running the ambulance service is shown, graphically, in the illustration overleaf.

	1954	1955	*Comparison*
Ambulances			
Journeys	31,459	31,273	— 186
Patients	39,621	39,977	+ 356
Mileage	630,876	611,019	— 19,857
Hospital Cars			
Journeys	45,113	44,843	— 270
Patients	73,399	66,751	— 6,648
Mileage	1,442,621	1,480,185	+ 37,564
Hired Cars			
Journeys	1,102	2,250	+ 48
Patients	1,401	2,610	+ 1,209
Mileage	17,079	21,087	+ 4,008

484 patients were carried by rail during the year.


1955
AMBULANCE SECTION COSTS
£
60,000
50,000
40,000
30,000
20,000
10,000
AMBULANCE COSTS
RENTS ETC.
ADMIN.
REPAIRS
PETROL
WAGES
SITTING CASE COSTS
HIRED CARS
ADMIN.
H.C.S. DRIVERS' PAYMENTS
PAYMENT TO OTHER AUTHORITIES
MEDICAL DEPARTMENT OVERHEADS
NEW AMBULANCES
RAILWAY and MISCELLANEOUS COSTS

SERVICES FOR THE AGED AND HANDICAPPED

Provision for the aged and handicapped under the National Assistance Act, 1948, is the responsibility of the Welfare Committee of the County Council. I am grateful for the following information supplied by Mr. G. R. Gay of the Welfare Department.

Residential Accommodation for the Aged, etc.

The County Council through the Welfare Committee provides residential accommodation in homes and hostels for persons who by reason of age, infirmity or other circumstances are in need of care and attention not otherwise available to them. (This does not include *sick* persons in need of hospital treatment.)

Accommodation has been provided so far at the following:—

Exmouth	..	Kincraig, Cranford Avenue
Exmouth	..	Kingsdon, Douglas Avenue (Home for the Blind)
Torquay	..	Lincombe Court, Lincombe Hill Road
Ashburton	..	Kenwyn, Western Road
Seaton	..	White Cliff, Esplanade
Kingsbridge	..	Combe Royal
Newton Abbot	..	Broadlands, Ashburton Road
South Brent	..	Avondale House
Okehampton	..	Wardhayes
Tiverton	..	Alexandra Lodge
South Molton	..	Beech House
Tavistock	..	Gwyntor
Torrington	..	Torridge View

Another Home is being provided at Northam at an early date.

In addition to the above the Welfare Committee have reserved accommodation for a limited number of residents (not sick cases) at the following premises, which are under the control of the Regional Hospital Board.

Honiton	..	Marlpits Hospital
Newton Abbot	..	Infirmary Section
Plympton	..	Plympton Hospital
St. Thomas	..	Redhills Hospital
Tiverton	..	Belmont Hospital
Totnes	..	Broomborough Hospital

Registration and Inspection of Old Peoples Homes

Any establishment, the sole or main object of which is the provision of accommodation for old people or blind or other handicapped persons must be registered with the Welfare Committee of the Council.

Handicapped Persons

Blind Persons

The Welfare Department is responsible for maintaining a Register of all blind persons in the County and providing Welfare services for them. The services include visiting and teaching of Braille or Moon, handicrafts, etc., by Home Teachers, arranging for the installation of wireless through the British Wireless for the Blind Fund.

A Register is also kept of the Partially Sighted, and a number of the welfare services are also available to them.

I am indebted to Mr. D. F. Makin, Blind Welfare Officer for the information opposite.

Deaf and Dumb

The Welfare Committee have appointed the Devon & Exeter Mission to the Adult Deaf and Dumb as their Agents for providing the necessary welfare services to persons handicapped by deafness. A full-time Missioner/Welfare Worker is available to watch the interests of the Adult Deaf. He also helps to find employment, advises and cares for their spiritual needs.

The Missioner (Rev. W. J. B. Brown) has an office at the Welfare Centre, Exe Street, Exeter, and there is also a Centre at 44, Fore Street, St. Marychurch, Torquay.

Hard of Hearing

The Welfare Committee also make a grant to the Devon and Exeter Federation for the Hard of Hearing.

Other Handicapped Persons

The Welfare Committee have recently appointed the Devonian Orthopaedic Association as their Agents in the scheme for the provision of Welfare Services for Handicapped Persons other than the blind, deaf and dumb and partially sighted. The scheme at present is to provide the following:—

(i) A Social Welfare Service to assist handicapped persons in overcoming the effect of their disabilities, to give advice on personal problems, etc., and to encourage and aid their attendance at places of worship, social centres, clubs and similar places of recreation.

(ii) The keeping of a Register.

(iii) The assistance of registered persons to engage in any handicraft or skilled activity without any payment being made by the Council to the person assisted.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends:	CAUSES OF DISABILITY					
	Cataract	*Glaucoma*	*Cataract and Glaucoma*	*Retrolental Fibroplasia*	*Others*	*Total registered during year*
BLIND (a) No treatment	22	9	3	—	36	
(b) Treatment or re-examination	27 (see Note A)	14 (see Note B)	4	—	18 (See Note D)	
TOTALS	49	23	7	—	54	133
PARTIALLY SIGHTED (a) no treatment	2	2	—	—	8	
(b) Treatment or re-examination	8 (See Note E)	5 (See Note C)	1	—	12 (see Note F)	
TOTALS	10	7	1	—	20	38
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:—						
BLIND	9	11	4	—	15	
PARTIALLY SIGHTED	5	4	1	—	10	

NOTES:—A. In seven of these cases operations for cataract were recommended, but were refused by the blind person ; in five cases people died before treatment could be given and in four other cases the general physical condition prevented operation.

B. Two of these cases were recommended for treatment but died before it was given and in one case physical condition prevents operation.

C. One case died before treatment was given.

D. One was prevented by present ill-health and one died before treatment was given.

E. Two have refused operations and one has left the county.

F. One case died before treatment was given and general physical condition prevents treatment in another case.

SCHOOL HEALTH SERVICE

The School Medical Service, as it was previously called, came into being nearly 50 years ago. It was based on the regular examination of children attending maintained schools in order to detect abnormalities or malnutrition and to provide appropriate treatment. Whilst periodic examinations still form the backbone of the School Health Service of today, emphasis has gradually changed from the provision of treatment to the prevention of illness. Nevertheless, there are still almost limitless opportunities for development in the field of health education and in the promotion of health.

Regular examination aims to include four complete medical inspections during a child's school life, dental inspections and vision tests each year, and cleanliness inspections each term. Mention has already been made earlier in this report of the jelly testing scheme for those entering school for the first time after September 1954, and which will provide an annual tuberculin skin test for every school child by 1964.

The number of maintained schools in the county and the number of pupils on roll is given below.

Number of Schools		*Number of Pupils*
Primary	388	38,314
All Age	19	4,207
Secondary Modern	39	13,319
Secondary Grammar	21	6,980
Science, Arts and Technical	6	1,146
Special	4	264
TOTAL	477	63,966

The school population is just under 64,000, to which level it has steadily climbed from the figure of 52,000 in 1947. In this time during which the school population has risen by nearly 20%, the scope of the Service has been broadening. More time still should be devoted to health education, the importance of careful tests of hearing to pick out cases of deafness as early as possible is becoming appreciated, and the newly introduced scheme of jelly testing is yet a further addition to the work of the doctors and health visitors. In 1956 will be added poliomyelitis vaccination and in the following year perhaps B.C.G. vaccination. A point has now been reached

where additional staff will be needed if both quantity and quality of work are to be maintained.

ROUTINE EXAMINATIONS

Medical Inspections. There are three main types of medical inspection, termed periodic, special, and reinspection. The periodic examinations are complete examinations which are undertaken routinely as early as possible after a child enters school, again at the ages of 10 years and 12 years, and finally during the last year of school life at the age of 14+. Special examinations are those undertaken at the request, say of the teacher who suspects that a particular child cannot hear properly or cannot see the blackboard from the back of the classroom, and the doctor concentrates on the particular organ under suspicion. Children who are found to have some defect either on periodic or special examinations are kept under observation and seen each time the Medical Officer revisits the school at intervals of between six and twelve months. These check-ups are termed reinspections. Table VII shows the the number of each type of inspection carried out during the past 10 years and from this it will be seen that although there has been a steady increase in the numbers of periodic examinations from 16,167 in 1946 to 23,060 in 1955 there has been a slight downward trend in numbers of reinspections. The apparently rather sudden drop this year is partly explained by the fact that figures for 1955 relate only to reinspections carried out in schools.

Of the 23,060 examined during the year 1,838 were found to require treatment. A more detailed breakdown of the types of defect is given in Tables VIII, IX, X and XI on pages 93, 94, 95, 96

The Ministry of Education required that pupils shall be classified into three general conditions, good, fair or poor. Details of these figures can be found on the Appendix. It is difficult to define the three groups owing to the differing interpretations in assessment, as opinions vary between Medical Officers. One can say, however, that the figures do give an impression of the overall nutritional standards, although it is difficult to use them for comparing children in one Authority with those in another, or even in comparing children in various areas of the county.

This is well illustrated by the remarks of two of the School Medical Officers who report " I find most of the 5-year-olds very fine physical specimens " and " generally the children were in a good state of physique and nutrition," whilst a third and equally experienced School Medical Officer, working in a comparable district, writes " the general level of muscle tone and posture in the 5-year-old group is not all good . . .".

The importance of medical inspections lies partly in the early detection of disease, but more so in the opportunity for a discussion which must include the pupil and Medical Officer or Health Visitor and should also embrace the parent and the teacher. If this opportunity for imparting health education can be fully exploited much should be done towards our aim of preventing illness developing.

It is therefore pleasing to read such reports as those from Dr. Archer who says "the attendance of parents has remained, as before, almost 100% in the youngest age group, and has increased somewhat at the inspection of the older children;" Dr. Hinde who reports "I find parents in rural areas very grateful for regular inspections and the opportunity to talk to the doctor—often walking long distances to do so;" and Dr. MacTaggart:—"it was gratifying to note the very large number of children whose parents attended the examinations."

It is unfortunate that not so many parents of older children come to the examinations. The remarks of Dr. King reflect the position in most areas, "excellent at inspections of 5-year-olds, usually between 90%—100%. Good at inspection of 10s and 12s. Above these ages the number of parents attending diminishes to practically nil and I am convinced that the older boys and girls dissuade their mothers from attending."

That School Medical Officers realize that health education is one of their most important tasks is evidenced by such comments as those of Dr. Solomon. "The work of the School Medical Officer cannot remain isolated in a community such as this—but by giving talks to Parent-Teacher Associations, to Canteen Staff, to Hospital Nurses, and by active membership of Home Safety Committee, Youth Employment Committee, Youth Service Committee, Social Service Study Group, Marriage Guidance Council, Family Planning Association, British Medical Association Executive Committee, etc., one can integrate the work of the Preventive Health Services with the general efforts in the Community to maintain Happy and Healthy Family Groups." And by the closing remarks in Dr. King's report:—"I am now approaching the end of my Public Health career and after 35 years of dealing with infants and children and mothers, I am convinced that further progress in this work can only be obtained by instructions in Parent craft at school. Most boys and girls will be fathers and mothers and need help and guidance in order to be efficient in their careers as parents. Instructions can be given while they are at school and such opportunities for this instruction never occur again."

The medical inspections can only be of real value if they are carried out in adequate accommodation, and I am sorry to say that in very few schools is this ideal. The well-known bulge in the primary schools has caused an acute shortage of accommodation

for teaching purposes and in many cases the severe overcrowding makes it quite impossible to spare a class-room for the purpose of the examinations.

Thus Dr. Hinde writes " among the 36 schools which I visit only two are able to provide really satisfactory accommodation for me. In the majority my visit means the classes have to " double up " and often all school work has to stop because of the overcrowding." In some cases examinations are now being carried out at nearby clinics, which must be deprecated not only for the inconvenience caused to pupils, parents and schools but also for the serious loss of contact between the Medical Officer and the school. Even in more recently built schools the medical inspection rooms have been far from adequate owing to the limitations imposed by financial and other considerations.

I am pleased to report however that following discussions with the Chief Education Officer and the County Architect, adequate accommodation should be available in all new schools with the possible exception of the smaller primary schools. Here we may have to rely on use of the Head's room for the actual medical examination; vision testing, weighing, etc., being carried out in the school hall.

Dental Inspections

Not quite 40,000 of the 64,000 school-children had their teeth examined by the School Dental Officers during the year, showing that we are not quite achieving an annual dental inspection for each child.

Just over two-thirds of the children examined were found to require treatment—a high proportion, to which the Principal School Dental Officer refers later.

Vision Testing. Annual vision tests are carried out by the Health Visitor on all school children, and those who are apparantly suffering from defects are referred direct to the School Ophthalmic Surgeon. During the year, 5,756 children were referred to the Ophthalmic Surgeon for examination.

Hair Hygiene. The Health Visitor or Nursing Assistant visits each school every term in order to undertake head hygiene inspections. The Health Visitor visits the home in every case where evidence of infestation is found, and in the majority of cases arrangements are made for the necessary treatment to be carried out by the parent. In some cases it is necessary to issue a formal cleansing notice before the parent is persuaded to undertake the necessary treatment or to bring the child to the clinic for this to be carried out, and in a few instances it is necessary to proceed a step further by the issue of an actual cleansing order.

Table X summarises the work carried out during the year and from this it will be seen that only 0.65% of children showed evidence of infestation. Although this figure is very low indeed and although it is a gratifying improvement on the figure of 1.67% 5 years ago, the routine inspections are essential since it is only by constant vigilance and the treatment of those few children infested that a wider spread is prevented.

These remarks are echoed by Dr. King who reports: " general standard good. I have noticed a marked diminution in the number of verminous heads in my area in the last few years. This is due entirely to the unremitting help of Health Visitors and Nursing Assistants, and this care cannot be allowed to lapse." On clothing she comments " on the whole sensible and adequate, but one occasionally finds the grossly overclad child who is suffering from a 'weak chest' and an over-anxious mother." Dr. Green found examples of the reverse and says " generally speaking the children are well cared for but the numbers wearing thin, cotton undersets, or even none, during the severe cold weather was shocking. Cases of uncleanliness and untidy clothing are confined to the usual regular few and the standard is good on the whole."

Dr. H. Davies reports similarly: " in general the cleanliness of the school children continues to be good, although there are a number of children to whom special supervision has to be paid, and it seems impossible to educate some of these children in the rudiments of personal hygiene."

TREATMENT

Minor Ailment Clinics. Although the National Health Service has made available the services of family doctors to children, minor ailment clinics still serve a useful purpose especially where they are held within the school or in a nearby clinic, when attendance probably involves less loss of school time than attending a doctor's surgery. Thus Dr. Archer comments " the work done at Minor Ailment Clinics reflects very clearly the vast improvements in the health and hygiene of school children." The " ailments " we see at these clinics are usually minor indeed. These clinics continue however to be useful for other functions such as examinations between the routine school inspections and, most valuable of all when the clinic is held in the school, the maintenance of regular contact with the day-to-day life of the School. One of the most pleasant aspects of school medical work is that the School Medical Officer gradually acquires a closer acquaintance with parents, teachers and children from a rich variety of schools."

Dr. Kingdon writes: " as a practitioner in the neighbourhood for many years I always tended to consider the School Medical

Officer as a supernumerary to be endured. Now as an School Medical Officer I am most agreeably surprised to find in how many and varied ways I can help the school child and its parents over conditions about which, as a practitioner, I was seldom consulted.

Among these I would count minor orthopaedic conditions, chronic infections of ear, nose, throat and glands, and disorders of the senses, especially sight, hearing, and speech. The correction of these seem vital to the school child if he is to avail himself fully of the modern educational facilities."

Dr. Solomon reports: " the clinic has been extensively used by parents who wish to discuss their children's disorders at greater length than can be done during the school medical inspection. At these sessions further investigations and follow-up of conditions discovered at routine medical inspections can be carried out. Blepharitis, impetigo, warts and otitis head the list of conditions requiring treatment."

A total of 8,249 defects was treated at minor ailment clinics during the year. A list of the various clinics appears on pages 103, 104

Accommodation is unsatisfactory at many clinics and much needs to be done to bring it up to modern standards. It is particularly disappointing that more rapid progress has not been made with the erection of the Tavistock Clinic, and that the plans originally drawn up were not accepted by the Ministry.

In Barnstaple however much improved accommodation has been made available by adaptation of one of the Children's Homes in Alexandra Road.

Dental Treatment. The Principal School Dental Officer reports:—

Staff

The approved establishment of Dental Officers for the needs of the school population, which now stands at 64,000, together with commitments in connection with expectant and nursing mothers and young children not yet attending school, is 19. The year opened with the whole-time equivalent of 18½ dental officers—17-whole time including myself, and 2 part-time. During the year 2 dental officers resigned to return to general practice, namely Mr. J. Pollock of Barton Clinic, Torquay, on 28th February, and Mr. H. J. Halestrap, Tiverton area, on 31st August.

At Barton Clinic it has been possible since May to obtain some temporary whole-time assistance and in Tiverton a part-time dental officer is giving his services for 6 sessions weekly.

Treatment

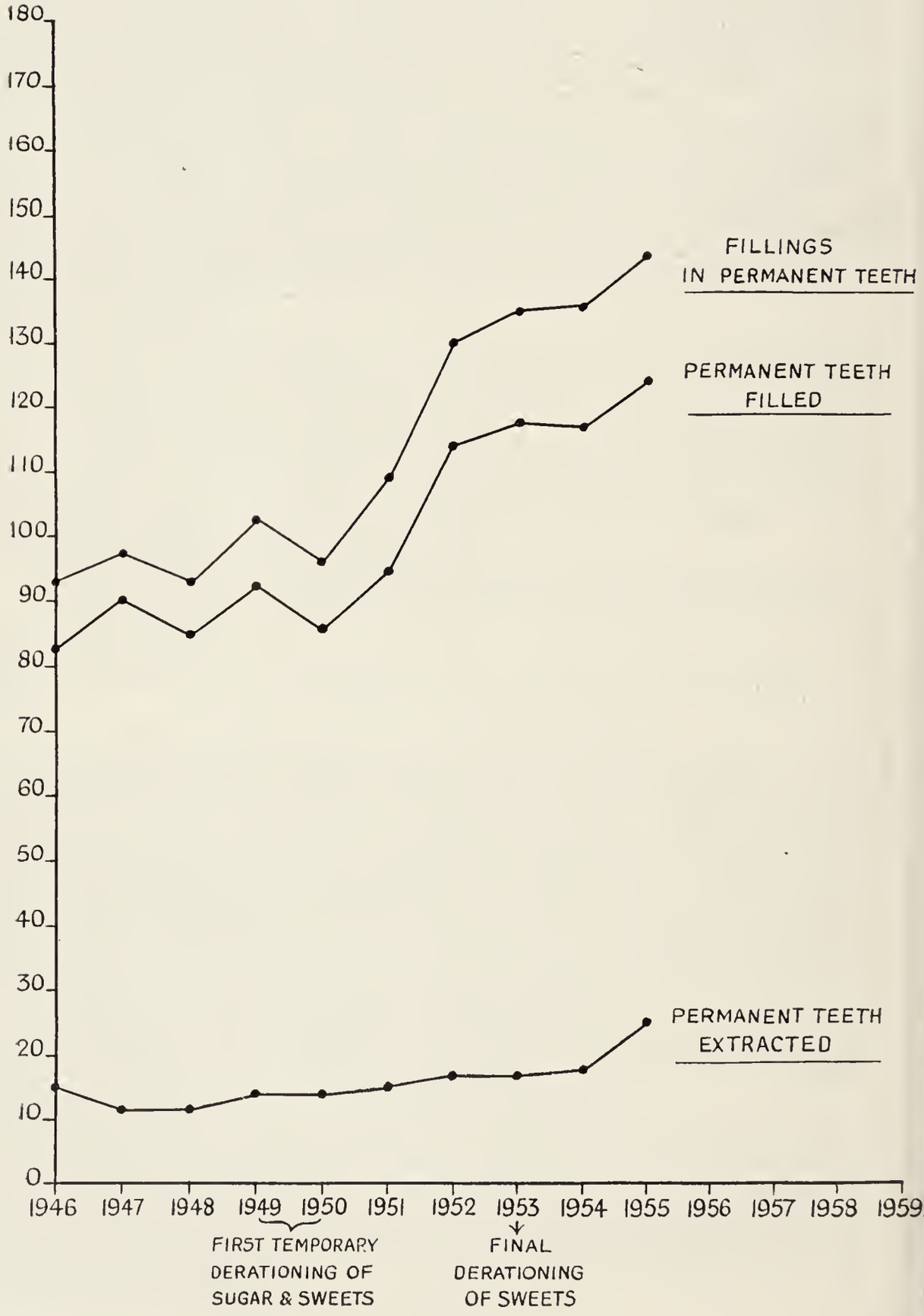
In my report for the year 1954 I drew attention to the steady increase in the amount of treatment which was becoming necessary for the individual child and this was shown statistically in terms of treatment per 100 children. The figures for 1955 have shown that this trend is continuing.

Treatment per 100 Children

Type of Treatment	1950	1951	1952	1953	1954	1955
FILLINGS:						
In Permanent Teeth ..	95.3	109	130	135	136	144
(No. of teeth filled).. ..	(83.4)	(94.3)	(113.9)	(118)	(117)	(124)
In Temporary Teeth ..	11.1	14.5	17.3	16	20	22
(No. of teeth filled).. ..	—	(12.3)	(13.8)	(16)	(20)	(20)
EXTRACTIONS:						
Permanent Teeth	13.2	14.8	16.1	16.5	18	25
Temporary Teeth	89.4	75.5	80.2	67	79	72
Other Operations	72	97.5	100.3	99	92	103

Table XII summarises the work carried out during the year.

FILLINGS and EXTRACTIONS of PERMANENT TEETH in TERMS of 100 CHILDREN TREATED



In all my 31 years of experience as a local authority dental officer I have never known so much rapid decay in the older children as has now become evident, much of it being of a type which, without a change of outlook in regard to hygiene and individual care, it is very difficult for conservative treatment to overtake, if indeed the attempt under such conditions is worth while.

Continuous efforts to encourage the regular use of the toothbrush night and morning and to observe physiological mastication would with some children seem to be of little value, nor has there been, I am afraid, much success in encouraging mouth rinsing after eating during School hours: although Mr. Warren, Bideford Area, reports: " The incidence of caries (dental decay) is very high. At some schools the rinsing of the mouth between and after meals has been adopted." On this same subject Mr. Massey, Sidmouth Area, reports: " Dental caries I find is as prevalent as ever; 6 to 10 cavities being commonplace, in one child there being 34 cavities in 26 teeth. There have been several with 15—20." Mr. Peacock, Plymstock Area and Orthodontic Specialist Officer, has written: " The incidence of caries in anterior teeth is increasing. First permanent molars with fissure cavities on being opened up have proved to have extensive caries of the dentine and have often been unsavable." In my own case at a Secondary Modern School, where the children are between 11 and 14 years, 371 fillings were inserted in permanent teeth for 106 children, an average of $3\frac{1}{2}$ fillings per child. This latter school has had an annual visit of inspection and treatment for many years past. At another Secondary Modern School Mr. G. Baker filled or extracted 695 permanent teeth for 197 children.

All these observations point to the fact that efforts to stem the tide of dental caries which, I am convinced, is worse than anything experienced between the two World Wars, have so far been of little value. One can, therefore, but reiterate the recommendations made early in 1956 in the " Report of the Committee of Enquiry into the Cost of the National Health Service " (Guillebaud Report) which include the following:—

(i) The flouridation of water supplies.
(ii) Increased research into the causes and prevention of oral disease.
(iii) More dental health education.
(iv) More efficient dental services for mothers, young children and school children.

In 1956 it is, therefore, proposed to obtain for a number of occasions the Dental Board films on dental care and to show them to as wide an audience of school children as possible.

Mr. Derbyshire, Castle Road Clinic, Torquay, reporting on the range of dentistry carried out at his clinic stated that 199 X-rays were taken, one dental cyst was treated for a boy of 10 years, also a pulpotomy in the case of an anterior incisor in a boy of about 9 years, the evacuation of an infected dentigerous cyst involving the crown of a lower second premolar, 2 root treatments in Grammar School Boys and one case of surgical extraction involving suturing in a school child, were carried out.

Mr. Steer, Newton Abbot Clinic, has used direct acrylic fillings involving the incisal edge in six upper anterior teeth. Over the county as a whole crowns were fitted in 5 cases—4 acrylic jacket crowns and 1 post crown. In all, a total of 925 X-ray films were taken throughout the county for a variety of conditions and 106 artificial dentures were supplied.

Clinics

No new static clinics were opened during the year but the dental clinic at Barnstaple was moved in August to more staisfactory premises in one of the vacated houses of AlexandraRoad Children's Home. Opportunity was taken at the same time to bring the original somewhat antiquated equipment up-to-date. Mr. Phillips, Dental Officer, Barnstaple Urban Area writes as follows:—" The dental surgery now used is a great improvement on the previous one being more spacious and new items of equipment have been provided."

The proposed clinic at Tavistock is still in the planning stage and, when completed, there will remain 3 dental areas where the Dental Officers still have no central headquarters clinic to which cases for special treatment can be sent. The areas referred to are centered on Exeter, Sidmouth-Honiton and Okehampton. As regards Exeter, a dental suite has been included in the planning of the proposed new County Offices and clinics in Okehampton and Honiton must now be looked for in the near future. When the clinic plan is completed, out of a school population of 63,000, some 36,000 children will be cared for in static clinics, 22,000 in mobile clinics, of which four are now in use and two more are planned for acquisition in 1956/7, and the remainder of the children in the smaller rural schools by means of transportable equipment either on the school premises or in institutions hired for the purpose. The above assumption is based on the present establishment of 19 Dental Officers with an average of some 3,300 children under each Dental Officer's care. This figure is obviously too large but it might be thought unrealistic to ask for a higher dentist-schoolchild ratio at the present time, when, as the Minister has stated, there is " a serious shortage of dentists." There is before Parliament at the present time a Bill which would, after a pilot experiment in their use, permit the employment of dental ancillary workers who would carry out fillings and

some extractions for school children under the direction, and in accordance with the mouth planning, of the Dental Officer. This may well prove a solution for the problem of child dental treatment, but such a scheme would take many years to come to complete fruition over the whole of the country. Further surgeries and mobile clinics would become necessary with the employment of such ancillaries.

Orthodontic Treatment

This continues to be a popular form of treatment and Mr. Peacock's work as Specialist Orthodontic Officer receives much praise and is in considerable demand. The figures for orthodontic treatment during the year are as follows:—

Number of cases commenced	397
Number carried forward from previous year ..	249
Number of cases completed during the year ..	176
Number discontinued for other reasons	82
Number of cases treated with appliances	350
Number of fixed appliances fitted	17
Number of removable appliances	422
Number of attendances made by children for orthodontic treatment	3,983

During the year the Ministries of Health and Education issued a circular on the subject of orthodontic treatment and urged that facilities for such treatment should be developed and expanded. While realizing that more could be done if more staff and time were available, this County is, nevertheless, not backward in this respect, while endeavouring to maintain a proper balance between essential routine dental treatment and the very valuable orthodontic work.

Prevention of Dental Caries

In these reports I have continuously stressed the need for intensified efforts to instruct school children in the known methods of prevention of dental decay. One of the objects of the School Dental Scheme being to ensure that school leavers do indeed possess this knowledge and reference has already been made to the desirability of vigorous mouth rinsing after any kind of eating on school premises or elsewhere when the use of a toothbrush is not feasible.

Head Teachers could help considerably in encouraging the development of this habit and a circular to this effect has already been issued by the Chief Education Officer. I also hope to have an opportunity of speaking on " Preventive Dentistry " when Conferences of Head Teachers are held in Exeter.

In conclusion I would again express on behalf of all the members of the County Dental Staff their deep appreciation of the kindness

with which they are invariably received by members of the teaching staff when paying their routine visits to schools."

School Ophthalmic Service.

The School Ophthalmic Surgeons have been employed by the Regional Hospital Board since the introduction of the National Health Service although they continue to visit all maintained schools at least once per annum as well as paying regular visits to certain fixed clinics.

Their work is well described by Dr. Foxwell in the following extract from her report:

" I have found a very hazy conception of the School Ophthalmic Service is prevalent especially among new Head Teachers and others coming into Devon County Schools and have therefore prepared a short memo on the scheme for distribution to all new Head Teachers in my area. I think, therefore, that it might be of interest to other school medical personnel if I take this opportunity of re-iterating the essential structure of the scheme.

" Primarily, every child in every school must have a visual acuity test every year. This is the essential plank in the platform and throws a great responsibility upon the Health Visitors and their assistants, for from these tests the children with suspected defect must be referred to the School Ophthalmic Surgeon. It is often difficult and patience-trying work, especially with the school entrants, but these five-year-olds comprise a highly important group, for many are hypermetropic (long-sighted), and this will be masked by over-action of the ciliary muscle as they get older and increase the amount and intensity of close work, and would be missed if vision testing be delayed for a year or two.

" Secondly, the children must be visited and examined by the Ophthalmic Surgeon in or near their own schools. This is doubly important, for it obviates the high defaulting figure which is common when children have to travel to a clinic, and it provides a most useful liaison between the Ophthalmic Surgeon and the teacher. Every school, therefore, is visited every year and only urgent cases which arise during the intervening period, or cases needing more constant supervision need attend the fixed clinics which are held at fairly frequent intervals in all the main centres and to which children may be sent by teacher, parent, private doctor, S.M.O., Health Visitor, etc., without notification.

A list of the dates, times and places of these clinics has been supplied to all Head Teachers, Health Visitors, etc.

" Thirdly, where glasses are found to be necessary, the parent is always given the option of obtaining them through the family doctor and supplementary eye service or through the Hospital Eye Service which supplies glasses direct under the School Ophthalmic

Surgeon's direction. The frames supplied and the charges, if any, are exactly the same under either service since Ministry regulations cover both sources of supply. If obtained through the School Scheme, a note is enclosed with the glasses giving parents full instructions what to do in case of loss or breakage, but where privately ordered the parents are naturally responsible for their own arrangements in these circumstances; all cases, however, when once seen by the School Ophthalmic Surgeon are followed up regularly throughout their school years, unless the parents choose to obtain private treatment, or no treatment is required, and in both these cases the yearly visual acuity tests will show at once whether conditions require further investigation.

" Such, very briefly, are the salient points in the School Ophthalmic Scheme in Devon. As I have stated a big responsibility rests upon the Health Visitors and their assistants, and I do appreciate this yearly opportunity of thanking both them for the efficient foundation and support they give to the care of the children's sight and the Head Teachers who invariably manage cheerfully to conjure up some accommodation where none exists."

This year Dr. Hutton comments on certain difficulties arising out of the size of the area to be covered, the increase in the number of school children, and lack of suitable accommodation in most schools. The National Health Service Act and the Education Act have made it possible for children to obtain glasses in three different ways. The children can be seen by an Ophthalmic Surgeon through the School Service, it is possible for the family doctor to refer the child to a different Ophthalmic Surgeon working in one of the Hospitals, or he can send the child to an Optician under the Supplementary Ophthalmic Service. The fact that legislation has made these Services each rather in a " watertight compartment " is naturally not realised by parents and sometimes not by the family doctor either. Parents may take their children to the family doctor without mentioning that they are already under treatment by the School Ophthalmic Surgeon and the doctors, many of whom are unaware of these facilities, may refer the children elsewhere thus giving rise to unnecessary duplication of effort. It is hoped that with an increasing knowledge of the scope of the School Eye Service parents and doctors will make increasing use of it.

Speech Therapy. Once again there have been difficulties due to changes in staff, Miss Campion having left us in May and Miss Dickinson in July. In an effort to reduce the very long waiting list in the more heavily populated coastal area previously worked by Miss Campion, the opportunity was taken of reorganising the areas, regrouping them into an Exeter and East Devon area and a Torbay and South-West Devon area. Miss Macmillan was appointed to the Torbay area and commenced duties in October and we were

fortunate in obtaining the services of Miss Chapman in the East Devon area at the same time.

Three Speech Therapists are insufficient for the needs of a county of this size, and the Education Committee agreed to recommend the appointment of a fourth Therapist although this had not been accepted by the Establishment Committee before the end of the year under review. The urgent need for this further Therapist is brought out in the reports of each of the present staff. Miss Brown writes: "This year has brought changes in distribution of speech therapy areas, which for a time appeared satisfactory, but have later, particularly in winter months, brought problems. The 'distance' problem has proved a setback to treatment and home visits and is more apparent in Holsworthy and Okehampton, where there are excessively high waiting lists and too little time at the Speech Therapist's disposal."

Miss Chapman reports:—"in the New Year the Tavistock Clinic will be open in the mornings only as the afternoon sessions will be devoted to Maristow Special School. The Honiton Clinic is being closed temporarily in order that time may be devoted to Bradfield, a Special School where there are so many boys needing speech therapy that it is better for them to have treatment in the school rather than to be transported to Honiton. It is hoped that this Clinic will be re-opened and also a session devoted to children living in the Seaton area, but this will not be possible until a further Speech Therapist is appointed."

Miss Macmillan gives an interesting account of her efforts to overcome the difficulties; she writes:—"at the present moment the number of children on the waiting lists is high, more especially in the Newton Abbot and Torquay areas. In general all children wait 6 months to a year from the time of the preliminary interview to that of actual admittance to the Clinic.

"I have attempted to combat this delay in treatment by (a) Group Therapy and (b) Shorter treatment periods. The former method has proved very successful with stammers, but does not appear to suit the individual needs of the dyslalic child. The latter method on the whole has proved unsuccessful and bears out the old belief 'more haste less speed.' Treatment of the speech defective child cannot be hurried and it is this fact that constitutes the main difficulty in an area where the waiting lists are high. Perhaps the most successful method of dealing with the problem is to visit the home and advise the parents on ways in which they may help their children until such time as they can be admitted to the Clinic."

In view of some misunderstanding as to the duties of Speech Therapists, I think it is well to point out that their function is to treat specific defects of speech such as stammering, lisping, and mispronunciation such as "fursday" instead of "Thursday," and

" Muvver " instead of " Mother." It is **not** their function to try to eradicate dialect which, even if this were thought desirable, would be a job for an elocutionist. 545 children received speech therapy during the year, making a total of 3,910 attendances. 130 were discharged. A detailed table XIII showing also types of speech disorder appears on page 99.

Child Guidance. The work of the Child Guidance Centres is still very severely restricted by lack of staff and especially by the woefully inadequate number of psychiatric sessions. I hope however it will be possible to report somewhat more favourably next year, particularly since the Committee will have the backing of the recommendations contained in the long awaited Underwood Report.

The Child Guidance team consists essentially of a Psychiatrist, an Educational Psychologist, and a Psychiatric Social Worker. A Psychotherapist is included where all treatment is not undertaken by the Psychiatrist, and close co-ordination is needed with the School Medical Officer and family doctor.

The Psychiatrist is a doctor trained in psychological medicine: he is the accepted leader of the team, is responsible for making a diagnosis and for prescribing and supervising the necessary treatment. The Educational Psychologist only works part-time in the Child Guidance Centres, where one of his main functions is to assess a child's intelligence and attainments: he also forms the link between clinic and school. The remainder of his work is purely educational, including functions relating to secondary selection tests and visiting schools to advise teachers on educational problems, and he is thus on the staff of the Chief Education Officer.

The Psychiatric Social Worker, as the name implies, is a social worker specially trained in psychiatric work. It is he who usually makes the first contact with the parents of a child referred to the clinic and it is his job to gain the co-operation of the parents regarding treatment and where necessary, to effect an adjustment in the parents' attitude to the child—since it is often the parent rather than the child who requires the guidance. Another important aspect of their work is to keep in touch with the parents of those children who are in either of the hostels for maladjusted children. During the year, we were fortunate in filling the second post, and Miss Bowmer took over in October from Miss Dickinson who had been helping for some time in a part-time capacity. The Education Committee have recommended the appointment of a third Psychiatric Social Worker, having particularly in mind the need for follow-up work with children discharged from the hostels.

Miss Yeo is still on leave of absence in order to train as a fully qualified Psychotherapist and we hope she will return in this capacity towards the end of next year. In the meantime Miss Hertzberg is

undertaking this work, helped where possible by the Educational Psychologists.

Extremely valuable discussions have taken place between Dr. Brimblecombe, Consultant Paediatrician and members of the Child Guidance team, thanks to the initiative and hospitality of Dr. Gaussen. The team will be enabled to work even more closely with the School Medical Officer and Health Visitors when the staffing position makes it possible to hold case conferences.

Attendances at Child Guidance Clinics during the year were as follows:—

Clinic	*New Cases seen*	*Old Cases seen for Review*	*Attendances for re-examination and Treatment*
113, Boutport Street, Barnstaple	42	23	168
Bullmeadow Road, Exeter	57	48	378
Castle Road, Torquay	55	67	434
Rowe Street, Plymouth*	40	12	177
TOTALS	194	150	1,157

*By arrangement with the Plymouth Local Authority.

Many minor behaviour disorders are of course already dealt with by School Medical Officers and Health Visitors, and interest in this side of their work must further increase since it is quite obvious that it is impossible for even an expanded Child Guidance Service to deal with all but the most serious cases.

This point is emphasised in the following extract from Dr. Solomon's report. " Many of these consultations (at School Clinics) are for Behaviour disorders, because the Child Guidance Clinics can only deal with a very small proportion of the behaviour difficulties in children—and those are usually the more serious cases referred by the Court or Children's Officer. At both Child Welfare Clinics and Consultation Clinics, a constantly increasing amount of time is being devoted to psychological problems."

The increasing emphasis on mental health is also shown in the report of Dr. Proctor-Sims who writes:—" It seems to me that the physical health of the average child has reached a good level, at which, with care and vigilance, it can be maintained. There is, however, a factor which does, and should, cause increasing concern, and that is the problem of the increasing number of children who suffer in mind because their family life is upset or even wrecked through the divorce or separation of their parents. These children,

deprived of the support and security of a stable family life and the love of either mother or father, become maladjusted and unable to cope, and every year there seems to be more of them.

" They, and also the children of ' problem ' families (i.e. with socially incompetent parents), are themselves likely to become unsatisfactory parents, and their stabilisation and rehabilitation are very important. In fact the promotion of mental health is becoming of greater importance than that of physical health and I think it would be wise if more of our skill, energy, time and money were switched from dealing with healthy children and infants, to children (and families) who are profoundly in need of help and care."

Dr. King is another who turns her attention to another aspect— " nervous strain." After commenting on the excellent physical condition of most of the children she remarks:—

" . . . it is all the more distressing to find that in spite of all the efforts of medical teaching and nursing staff there are many children who show definite signs of **tiredness and nerve strain.** I have previously written about the evils of late cinema shows—of lack of sleep during the ' season ' (which lasts from May to October) when houses are overcrowded with summer visitors—of the misfortune of children whose father and mother both go out to work. Now I complain of the disastrous effect of the unintelligent and indiscriminated use on radio and television on the nervous system of children. Certainly radio and television used with intelligence can be of enormous educational benefit and of good entertainment value—but such use is far from the general habit. One—so often—visits homes where it is obvious that the radio is never turned off except perhaps when **all** the family is asleep. The occupants are so accustomed to the noise that they only notice when it is turned off. Many babies cannot know what real quiet means! Mothers must somehow be made to realise the enormous importance of adequate rest, mental and physical, to the growing child.

" I note with interest the condition of the school children at the beginning of the autumn term. After the sunniest summer for years, one would have expected to find the children very fit indeed, but many were not even up to the usual standard—they were tired out. . Their hours of outdoor play had lasted from sunrise to sunset and after. The parents ' can't get them in these fine nights.'

" The above are just some of the causes of overtiredness in children and could be avoided if the dangers were understood by the parents. One rarely nowadays meets the blatant and obvious case of child neglect, children who are underfed, dirty, underclad, definitely ill treated. But there are more subtle forms of cruelty and mismanagement and lack of kindly effective discipline **is** cruel to the child."

As with the physical disorders of the past, such as malnutrition,

rickets and diphtheria, emphasis must be placed on prevention rather than treatment, and in this it is the School Medical Officers and Health Visitors who must be at the spearhead of our attack.

Consultation Scheme. Children requiring special advice in other fields are referred to the appropriate hospital consultant. In each case a letter is written to the family doctor asking whether he would prefer to refer the child himself, but it is only exceptionally that he asks to do so. A copy of the specialist's report is automatically passed to the family doctor in order to keep him fully informed. It is now increasingly common for such liaison to become a two-way affair and I would take this opportunity of thanking the many Consultants who now automatically send us copies of reports on school (and pre-school) children who have been referred direct to them by their family doctors.

The numbers of children referred under this scheme during the year were as follows:—

E.N.T. Surgeon	449
Orthopaedic Surgeon	173
Chest Physician	42
Paediatrician	24
Dermatologist	26
Cardiologist	15
General Surgeon	15
*Ophthalmic	3
Physician	2
Neurologist	1
Plastic Surgeon	1
Thoracic Surgeon	1

*Referred to Ophthalmic Specialist at hospital.

Although the greatest proportion of children are still referred to the E.N.T. Surgeons, this number is falling and the number of children being operated on for removal of tonsils and adenoids is substantially fewer. The reason for this is two-fold. As Dr. King says: " I am convinced that with the general movement of families from unhygienic houses, (houses that were ill-lit, ill-ventilated, and without gardens), to the well situated and well planned Council houses there has been a marked decline of children suffering from defective tonsils and adenoids."

Probably more important is the changing and more conservative attitude of doctors although it is still sometimes difficult to persuade parents that the operation is not always required. Dr. King goes on to say " parents are still inclined to believe that removal of tonsils and adenoids is a cure for a variety of disabilities and one has some difficulty in convincing them otherwise." Dr. Walker suggests that in the past insufficient effort has been made to follow up children who have been subjected to this operation and assessing whether or not

there has been any real benefit. In this connection it is interesting to note that the Principal Medical Officer of the Ministry of Education has asked us to help in a special survey next year in order to determine whether or not an unduly high proportion of children are being subjected to this operation in certain parts of the country.

HANDICAPPED PUPILS

An important function of the School Health Service is to pick out those children who because of some handicap cannot attend an ordinary school or are unable to benefit from education therein, and to recommend what is termed special educational treatment. The work calls for wide experience and careful judgment on the part of the School Medical Officers. The interests of the child are always kept paramount and he is left in an ordinary school wherever this is possible without detriment to himself or to other pupils. Whilst normally preference is given to a day school rather than a boarding one, in a county such as Devon geography usually dictates the choice of a boarding school. Table XIV shows the numbers of children ascertained in the various categories during the year, and the total number of handicapped pupils in the county as at the 31st January, 1956, and also what type of special educational treatment they were receiving.

Blind children are mainly educated at the Royal School of Industry for the Blind in Bristol. Only two pupils were on the waiting list, one of whom was under five years of age and the other having been waiting for only a few months, so that provision for this category appears satisfactory.

Partially-sighted children attend the West of England School for the Partially-Sighted in Exeter. At the end of the year four children had been on the waiting list for periods ranging from six to eighteen months. Several children have in the past had to wait a considerable time before a place has become available, but I understand from the Headmaster that he expects the position to improve during the coming year so that no child waits for more than about six months.

Deaf and partially deaf children are also educated in Exeter at the Royal West of England School for the Deaf. The widespread epidemic of german measles in 1940-41 led to a comparatively large number of cases of congenital deafness in children whose mothers had contracted the disease during pregnancy. This resulted in an abnormal increase in number of cases which is now passing out of school and there will probably be little difficulty in obtaining places in future years. At the time of writing three deaf and three partially deaf children await admission although, with the exception of one partially deaf girl aged 11, all are under 5 years of age.

Delicate and physically handicapped children are extremely well provided for in the Torbay area following the opening of the new Steps Cross Open-Air School by Col. Rowland Ward on the 28th June. Dr. Solomon reports: " Another major event during the year was the long-awaited opening of Steps Cross School, which replaced the old condemned buildings of the Homelands Open-Air School. In the new cheerful surroundings the children made rapid progress and parents are now requesting that their children be considered for this school. In wishing the Head Teacher and her staff well in their new school one must specially express appreciation for the wonderful work done under difficult conditions in the old school. During 1955 30 children were admitted and 11 discharged, leaving 70 on roll at the end of the year. The majority had been in the school, or its predecessor, for periods of between 6 and 24 months, although one had been at the school for over 5 years and another for over 9 years.

The Table below shows the types of disability amongst the children remaining at the end of the year."

	Boys	*Girls*	*Total*
Delicate	12	12	24
Asthma, Bronchitis and Bronchiectasis	15	3	18
Heart Disease	4	6	10
Spastics	5	1	6
Post Poliomyelitis	1	—	1
Muscular Dystrophy	—	1	1
Diseases of bone	1	2	3
Eczema	—	3	3
Disease of Kidney	1	1	2
Hard of Hearing	—	2	2
	39	31	70

There is a definite need also for a special school catering particularly for the grossly physically handicapped, and for the undernourished who need an intensive period of " feeding up "—usually one year.

Children from other parts of the county who require special schooling have to be admitted to residential schools outside the county, some at considerable distance, for example, Cardiff and Cheshire. This is unsatisfactory since it makes visiting by parents difficult if not impossible, and in many cases is the cause of the parents refusing vacancies even when these are obtained. In most cases waiting lists are long and for these reasons School Medical Officers often recommend home tuition, which at best is a poor substitute for special school education. The development plan includes provision for a boarding school for the more severely physically handicapped pupils, to take pupils not only from Devon

but from neighbouring Authorities, and the need for this school is one which merits careful consideration.

Spastics of average or above-average ability are well catered for by the Dame Hannah Rogers School in Ivybridge, although it has proved difficult to place those of below-average intelligence, especially those in the E.S.N. range.

For educationally subnormal pupils excellent facilities for residential education of older children are provided at Bradfield (boys 9 to 16) and Maristow (girls 9 to 16, boys 9 to 11) with places for girls (7 to 16) at Withycombe.

On the 31st December 1955 the number of E.S.N. pupils in residential special schools was 155:—

Bradfield House, Cullompton ..	77
Maristow House	44
Withycombe House, Exmouth ..	15
Other Special Schools	19

Whilst many of these children undoubtedly need and benefit from the residential care, others are in these schools solely due to geographical considerations and could attend day special schools if these were available. It will be seen that there is a considerable waiting list (320) but it seems unlikely that there will be further provision of boarding accommodation to deal with these children. Furthermore, it will be noted that a large number of parents refuse to consent to the admission of their children to existing residential schools although many of these would doubtless accept places in day schools. Such day schools are, in fact, envisaged in the County Development Plan, and the provision of these would help to reduce the waiting list and would make available boarding school places for some of those really requiring them. There would also be the advantage that facilities would be available for educationally subnormal pupils under the age of nine years, who are not at present catered for.

During the year 24 children have been recommended for report as ineducable under the provisions of Section 57(3) of the Education Act, 1944.

There have been no cancellations of reports under the Education (Miscellaneous Provisions) Act, 1948.

Pupils who are sufficiently maladjusted to require a period away from home are dealt with in one of the Council's hostels, that at The Gables, Willand, having places for ten boys and ten girls, and the Crichel Hostel, Totnes, for twelve older boys. Children in these hostels attend the local schools, and treatment is provided either by attendance at the appropriate Child Guidance Clinic or by visits of the child guidance staff to the hostel.

On the 31st December, 1955, there were 32 cases under care and treatment in the Hostels for Maladjusted Children:—

Crichel Hostel, Totnes	12
The Gables, Willand	20

Those epileptic pupils requiring residential care are admitted either to the Chalfont or Lingfield Colonies. With the introduction of modern drugs, control of the disease has become more complete, and this fact, together with more enlightened outlook on the part of doctors, teachers and parents, has meant that many of these children can now attend ordinary schools.

Diabetic children are similarly dealt with in ordinary schools wherever possible, but where the disease is so severe as to make control difficult, or where home conditions are such that proper diet is impossible, arrangements are made for residential care.

Oaklands Park

Children who are debilitated, under-nourished, or temporarily in poor health following illness or for other reasons, are taken in to the Oaklands Park Home at Dawlish for periods of up to three months. This year, for the first time, there have at times been vacancies for children: whilst this fact can be disturbing when the Health Committee come to consider the Treasurer's costing statements (since of course the cost per child inevitably increases sharply under such conditions), it is really a matter very much for congratulation since it reflects the increasing standards of general health of our school children. During the year 122 children were admitted.

The value of this Home is reflected in the following typical comments from School Medical Officers. "We are fortunate in having Oaklands Park to which we can send children whose general condition is sub-standard and who benefit by the change of surroundings and management" (Dr. Archer). "A number of children from my area were sent to the Home for a period of convalescence and the parents have usually commented on the improvement that they have seen in their children. This Home is a very happy place and it is rare for a child not to be completely 'at home' after the first few days" (Dr. H. Davies). "It is unfortunate that in a few cases parents are still unwilling to allow their children to have the advantages of a stay it Oaklands," and Dr. Budding writes: "I have found that asthmatics benefit considerably from a stay there, but in so many cases these are the very children whose parents tend to over-protect them and refuse to let them leave home."

SCHOOL HYGIENE

At the conclusion of a visit for the purpose of carrying out routine medical inspection the School Medical Officers report on the hygiene of each school, and recommendations concerning any specific deficiencies are sent to the Chief Education Officer. Unfor-

tunately these defects often are only too well known, but with the considerable number of older schools in the county and the very limited funds available for improvements, it is seldom possible to make the necessary alterations as quickly as desirable.

That these inspections can be of value to the Medical Officers themselves is shown by Dr. Archer's comment: "The detailed inspection of school buildings necessary to complete the report on hygiene and equipment in a number of my schools has brought home to me the acute problem of accommodation. Many of these schools were built for smaller numbers than those now using them, as well as for times when the pattern of education demanded less room for activity, group work, or ancillary services than the present. Some of them fall far short of present-day standards and very few of them can offer anything more than make-shift accommodation for school medical work. I have come to realize, through preparing these reports, some of the difficulties under which teachers are working, particularly in Primary Schools."

The increasing availability of piped water has meant that a number of schools can be put on to flush drainage, but in most schools conditions are not in accord with modern standards in that toilets are situated outside in the playground. This means that children get wet when it is raining, difficulties arise in the winter because the toilets are liable to freeze up (and usually do so), and washing facilities are rarely available in the same building. Toilets should be in the main school building and washing facilities with hot and cold water, soap and towels, should be immediately available. Whilst the incidence of most other infectious diseases is on the decline, cases of dysentery and food poisoning become more common every year. The majority of these cases could be avoided if those responsible were in the habit of washing their hands after going to the toilet. It is difficult to alter the bad habits of adults in this respect, and it is only by educating children in proper hand hygiene that we shall in due course succeed in preventing these preventable diseases. But we cannot teach children clean habits unless proper washing facilities are available.

In this connection the new Food Hygiene Regulations which came into force during the year are to be welcomed since they make it obligatory to provide proper wash-hand basins for cooks and other food handlers. The installation of these wash-hand basins will eliminate the undesirable state of affairs in which cooks use the kitchen sink for washing their hands after using the staff toilet.

I am indebted to Mr. R. N. Guy, the County Architect for the list of improvements carried out during the year which is given in table XV in the appendix (page 101, 102).

School Milk

We are now fast approaching the stage when all the milk supplied to schools will be either pasteurized or tuberculin tested. The rapid progress made in the provision of safe milk to schools over the past ten years is shown in the accompanying table.

Milk-in-Schools Scheme

Year	*Accredited*	*Non-designated*	*Dried*	*Tuberculin Tested*	*Pasteurized*	*Total Schools*
1947	106	119	37	109	139	510
1948	92	116	25	95	165	493
1949	20	58	13	143	245	479
1950	16	48	9	163	235	471
1951	17	34	4	163	244	462
1952	15	38	3	156	245	457
1953	6	19	1	162	275	463
1954	—	4	7	139	317	467
1955	—	4	5	98	360	467

Physical Education

The question of posture has again received considerable attention from the School Medical Officers. Dr. Budding comments on a " rather high incidence of poor posture this year with consequent poor chest expansion " and goes on to say that " although few schools in her area have facilities for remedial classes these have shown good results where they have been held." Dr. Hinde writes " in teenage children a most prominent defect is posture which, after a time, seems to become very poor especially in girls. Flat feet are the other perennial problem in all age groups and I have wondered if it would not be possible for teachers in Primary Schools to combine with the physical training a fair proportion of exercises for these defects." Dr. King says " I continue to wage my unceasing war against defective posture and bad breathing habits. The advantages in later life of a straight back and good chest expansion are just not generally appreciated. I have wondered whether the influence of the modern pictorial models shown in all classes of magazines may tend to influence the susceptible girl population. These models are almost invariably shown posed in contorted pathological attitudes."

During the year we have been considering a scheme for developing special remedial exercises within the schools. In this we have had a great amount of help from Mr. Capener of the Princess Elizabeth Orthopaedic Hospital. Mr. Capener has visited schools to see the physical education work being carried out, and to discuss with the organizers and ourselves the proposed exercises, but detailed exercises had not been worked out by the end of the year.

The practice of bare-foot work in the schools is one sometimes opposed by parents on the grounds that foot infections are more

liable to spread from child to child, but I would most emphatically state that so far as I am aware there is no evidence in support of this idea. It is interesting to note that Dr. Anderson discovered a small outbreak of athlete's foot in one Secondary School where bare-foot work was undertaken, but reports that similar infection occurred at another Secondary School where physical training work was always carried out in gym shoes. The children affected were given appropriate treatment and all cleared up within three weeks.

The following report of the Physical Education Organizers is included by courtesy of the Chief Education Officer:—

"During 1955 we feel that general progress has been made in physical education in the Devon schools.

Mr. T. Atkins joined the County Staff during the year, and the establishment is now 2 women and 2 men organisers of physical education. Each organiser helps all the teachers, men and women alike, in primary schools in roughly a quarter of the County, and is responsible for the physical education in the secondary schools in one half of the County—here the women are responsible for the girls' work and the men for the boys' work. This arrangement reduces greatly the travelling which can be a disadvantage in an area the size of Devon. Lessons in physical education are given in all schools. It takes the form of training in the gymnasium, hall, or playground, or games, dancing, sailing or swimming.

During the year the South Devon Schools Sailing Association was formed. We understand that it is the first association of this type to be formed in the country. For some years a number of schools have shown interest in sailing, and one school had built its own boat. The teachers on a short course have now built a "Cadet" boat, and with the help of a grant from the Education Committee some schools are now building their own "Cadets."

Among the visitors to our schools was a group of 30 organisers and college lecturers in physical education. They spent a day seeing work in some of our schools, watching secondary school boys and girls at work in the gymnasium, and lessons for infants and juniors using climbing apparatus built in the playground.

Primary Schools

Most schools are well supplied with small equipment, and teachers are thus able to build up interesting and useful lessons. Children in some schools welcome the opportunity afforded by the use of larger apparatus in meeting obstacles and difficulties which they can overcome. Confidence is increased and they are able to assess their own powers and develop self-reliance. There is little money to spend on these larger pieces of apparatus, but during the year a number of schools have raised funds towards the cost of

apparatus which has been bought by the Education Committee. Teachers sometimes express anxiety at the responsibility placed on them when children are using climbing apparatus. These fears have proved groundless when the children in small groups have been free to explore on the apparatus with no element of competition, and no urging to do something more difficult than the child himself chooses.

Most children change into suitable clothing for the physical education lesson. It is impossible to be agile and to do many mobility exercises to their full range if encumbered with unnecessary clothing, which must restruct movement. Parents generally co-operate fully with the teachers in this matter. Where the teachers are keen to make physical education a live and real part of the general education, very few children indeed fail to provide suitable light footwear for themselves. An issue of rubber shoes is made to schools by the Education Committee for distribution to necessitous cases. We are pleased to see a great reduction in the cases of the use of communal shoes in schools. When issued to a child they remain his property until they are too small or are worn out. We recommend the disinfecting of shoes before they are issued to a new user.

The teachers make good use of " Planning the Programme " issued by the Ministry of Education in 1953 to replace the 1933 syllabus. Bearing in mind that much of the child's school life is spent sitting in desks, teachers use in physical education lessons many compensating movements—" to compensate for the limitations imposed on growth and development by inadequate opportunities for movement, whether at home or in school, by ill health or by unsuitable clothing." These movements increase or maintain mobility and generally prepare for the agility movements which bring into action the full resources of the child. Different teachers teach in different ways but all have a common aim.

Secondary Schools

The shortage of suitably qualified women physical education teachers reported last year continues. The colleges are training more teachers than ever before, but both the demand and the loss through retirement and marriage is great and the shortage in Devon acute.

The supply of men teachers is adequate and the five vacancies arising during the year were filled with very suitable teachers.

Before long improvements must be made in schools without gymnasia or showers. It is an important and vital part of our work to encourage children after vigorous exercise to take a shower or have a rub down. In many schools this is impossible.

	With gymnasia	*Halls with fixed apparatus*	*Without gymnasia*	*Without showers*
Grammar Schools	13	2	4	2
Secondary Modern Schools	12	3	19	18

School fields generally are in good condition. The fine weather of the summer and the dry period of early winter left fields in a better condition than usual. Cutting of fields throughout the summer is done by contractors centred in three of four regions.

Games and Athletics

All secondary schools and most primary schools devote some time each week to the teaching of games. All clothing used in games lessons is provided by the parents and it is only rarely that difficulty arises. Fields are inadequate in some places, especially where schools have extensive programmes of inter-school games. All the national games are played in the secondary schools, and football, netball, stoolball and rounders by the older juniors in the primary schools.

Inter-county matches are played in rugby, cricket, hockey and netball, and much valuable work is done by teachers in organising these activities. Boys who play for their county team stand a chance of selection for the national team, and rarely does a year pass without some Devon boy playing for England.

As reported last year there is only one cinder running track in the county. In spite of this the standard in athletics is improving and again the boys and girls from Devon did well in the national championships in Manchester.

The national meetings and inter-county games are only the highlights of the year. The great interest shown in inter-schools matches and cross-country races demonstrates the healthy state of games in the schools and very rarely indeed does one find the scheme of training dominated by the sole desire of producing the school team.

Swimming

The year has been a successful one, and with the stimulus of the fine weather near the end of the summer term many more children than usual were taught to swim. Most schools which are near a swimming bath and where sea conditions are safe teach swimming. Preference is usually given to the children between 10 and 12 years of age, and wherever possible to the non-swimmers. The following awards were made during the year:

Beginners Certificates ..	1218
Proficiency	482
Star Proficiency	85

The Devon Schools Swimming Association has now been formed and children from Devon took part in the National Championships. Though it is most certainly not the aim of the schools to train

national champions it seems very reasonable to give the child who is an excellent swimmer an opportunity to compete against the best in the land.

Courses

During the year courses for teachers were held in the following centres:—

Centre	*Subject*	*Sessions*	*Average Attendance*
Barnstaple	P.E. in the Primary Schools	4	82
Chagford	do.	4	19
Cullompton	do.	3	33
Dartmouth	do.	3	21
Honiton	do.	3	36
Okehampton	do.	4	36
Sidmouth	do.	3	42
South Molton	do.	4	34
Tiverton	do.	3	42
Barnstaple	P.E. in the Secondary Schools (men)	1	11
Exmouth	do.	1	4
Honiton	do. (women)	4	8
Honiton	do. (men)	1	3
Newton Abbot	do. (women)	4	24
South Molton	do. (men)	1	3
Tiverton	do.	1	5
Okehampton	Athletics	3	16
Torquay	Basketball	4	24

Three one-day courses arranged by the Devon Physical Education Association in Exeter, Torquay and Barnstaple, were well attended; these are very popular with teachers as quick refresher courses. About 500 teachers attend these courses during the year, and demonstrators from many parts of Devon were used as well as two from London.

Further Education

In spite of the efforts of teachers to attract young men and women to classes in games and gymnastics there is only a small increase in numbers. Folk Dancing and Square Dance classes, however, are gaining in popularity and classes have been started in many new centres. These classes are visited at least once during the year.

Films

The County films have been used on many teachers' courses and seem popular at Parent/Teacher meetings. We have not yet had the opportunity of making a film for secondary schools. Recently we have used on a number of occasions the films made by Manchester, Portsmouth and the North Riding Education Committee, Yorkshire.

Remedials

There have been no further developments in the carrying out of remedial exercises. We are still without the series of exercises with diagrams which we hoped to have for the use of non-specialist physical education teachers. We feel that there is much the teachers would wish to do for children suffering from minor postural defects. Most teachers include in their lessons many general exercises which are of great value to these children.

Post School Recreational Activities

Once again we are greatly indebted to the Central Council of Physical Recreation for the ready help they have given us, and thank them and other organisations which have helped us with games and outdoor activities."

MARJORIE M. CHETHAM.
A. A. BROWN.

Other Duties

Of the other tasks carried out by School Medical Officers during the year one must mention the examination of those undertaking certain forms of employment.

Number of cases examined by S.M.O's. ..	1246
Number of cases examined by Private Doctors ..	43
Number of cases found unfit for employment or who were refused employment on other grounds	3
Number of cases in which employers were prosecuted for offences against the Authority's Employment Bye-Laws under Section 18 of the C. & Y.P. Act, 1933	3

Dr. Budding makes the observation that " these applicants often fall into two main categories (1) those from good homes with initiative and a good knowledge of the value of money, who are working to save up for a bicycle or watch, etc., (2) those from unsatisfactory homes whose one aim is to leave school. These are often ill-clad and ill-shod, physically poor specimens who are just as poorly clothed after earning the money. They are frequently poor attenders at school."

Medical Officers have also carried out the following examinations of teachers. A decision to examine temporary supply teachers was taken this year following the discovery of a case of tuberculosis amongst one of them.

Student teachers (Ministry of Education form 4 R.T.C.) ..	218
Trained teachers taking up posts in Devon	155
Temporary supply teachers	234
	607

All the Medical Officers speak most appreciatively of the help and co-operation given them by the Head Teachers during the past year, often at inconvenience to themselves. In closing I should like to echo these thanks and also express my own appreciation of the help received from the Chief Education Officer and his staff.

TABLE I

MASS RADIOGRAPHY SERVICE

TABLE A. ANALYSIS OF EXAMINATIONS COMPLETED

Miniature Films

		Nos.	
	Male	16,081	
	Female	16,856	
		32,937	
Recalled for large films		2,030	
Active Pulmonary T.B.	male 40 (0.25%)	70	(0.21%)
	female 30 (0.18%)		
Pulmonary T.B. Requiring observation		226	
Inactive Pulmonary T.B.		295	
Significant Non-Tuberculous Conditions		504	
Normal or No Action required		1,095	

TABLE B. INEVIDENCE OF PULMONARY TUBERCULOSIS BY AGE GROUP

	Age Under 15	15/24	25/34	35/44	45/59	60+	*Total*
Male	2	6	4	6	13	9	40
Female	3	6	12	5	3	1	30
Total	5	12	16	11	16	10	70

TABLE C. ANALYSIS OF NON TUBERCULOUS CONDITIONS

Abnormalities of bony Thorax	
Congenital	59
Acquired	22
Developmental Abnormality of lung	2
Pneumonitis	38
Bronchiectasis	63
Bronchitis	83
Emphysema	8
Pulmonary Fibrosis	13
Pneumoconiosis	11
Sarcordosis	6
Hodkin's Disease	1
Empyema	2
Pleural Effusion	1
Pleural Thickening	23
Congenital Cardiovascular Disease	17
Acquired Cardiovascular Disease	111
Diaphragmatic Abnormalities	17
Foreign Body in Lung	1
Tumours	
Benign (including retrosternal thyroid)	14
Metastases in lung	2
Metastases in liver	1
Abdominal Tumour	1
Carcinoma Bronchus	8
TOTAL	504

TABLE D. CENTRES VISITED IN 1955

UNIT 10 E

	Place	*Type of Survey*	*No. Exam.*
January	Heathfield	Factory	363
,,	Newton Abbot	Factory	66
,,	Dartington	School	275
,,	Totnes	School	1,018
February	Ivybridge	Mental Hosp.	712
,,	Hatherleigh	Intensive	594
March	Kingsteignton	General	282
,,	Newton Abbot	General	2,356
,,	Dawlish	General	1,097
,,	Teignmouth	General	1,404
April	Buckfastleigh	Intensive	1,052
May	Torquay	Hospital	92
,,	Torquay	General	4,000
,,	Crediton	Intensive	1,667
,,	Tiverton	Factory	1,027
June	Tiverton	General	841
,,	Bideford	General	1,267
,,	Ilfracombe	General	287
,,	Barnstaple	General	1,411
July	Newton Abbot	Clay Pits	284
,,	Totnes	Factory	178
,,	Totnes	General	1,263
,,	Budleigh Salterton ..	General	253
,,	Exmouth	General	1,517
September	Chudleigh	General	289
,,	Okehampton	Intensive	1,319
,,	Barnstaple	School	320
,,	Torquay	School	364
November	Plympton	General	1,113
,,	Ashburton	General	571
,,	Seale Hayne	Ag. College	226
,,	Torquay	Hospital & Contacts ..	214
,,	Paignton	General	2,924
December	Exminster	Mental Hosp.	1,322

UNIT 10 C

September	Lee Mill	Estate	330
November	Bere Alston	General	571
		Total	32,937

CHEST HOSPITALS. Table II.

Details	*Hawkmoor*	*Torquay Isolation Hospital*	*Hawley*
No. Beds Available	214 (16 are used indefinitely for other purposes)	8	31
No. Patients Admitted ..	T.B. 307 / N.T.B. 258 — 565	29	44
No. Patients Discharged or Died	T.B. 339 / N.T.B. 255 — 594	28	55
No. Patient Days	T.B. 53,051 / N.T.B. 7,993 — 61,044	2,578	8,591
Av. No. Beds Occupied ..	T.B. 145.34 / N.T.B. 21.89 — 167.23	7.1	23.54
Av. Length of stay (Days) ..	T.B. 168.54 / N.T.B. 30.38	78	194.58

TABLE III

CHEST HOSPITALS. DISEASE CLASSIFICATION ON ADMISSION

	Classification	† Hawkmoor				Torquay Isolation Hospital	Hawley			
		Males	Females	Children	Total	Males only	Males	Females	Children	Total
	Non-Tuberculous Thoracic Surgical	141	86	31	258	—	—	—	—	—
	Observation Mass Radiography)	9*	8	1*	18	—	—	—	—	—
	,, (Not ,,)	22	7	3	32	—	—	—	—	—
Pulmonary	Class R.A.1.	4	11	3	18	—	2	3	—	5
	,, R.A.2.	3	4	2	9	—	—	1	1	2
	,, R.A.3.	3	1	—	4	—	—	1	—	1
	,, R.B.1.	20	26	2	48	6	2	4	—	6
	,, R.B.2.	45	44	2	91	12	14	5	1	20
	,, R.B.3.	41	25	2	68	10	8	2	—	10
Non-Pulmonary	Class N.R.A.	—	1	1	2	—	—	—	—	—
	,, N.R.B.	5	11	1	17	1	—	—	—	—
	TOTAL	293	224	48	565	29	26	16	2	44

†**Tuberculous** admissions include Exeter City cases and a few from Plymouth and Cornwall.

*2 male and 2 female children were originally admitted into Mass Radiography beds but were later transferred to Medical Tuberculous beds and are not, therefore, included in Mass Radiography observation admissions.

Abbreviations: R.A. —tuberculosis negative (pulmonary)
R.B. —tuberculosis positive (pulmonary)
N.R.A.—tuberculosis negative (non-pulmonary)
N.R.B.—tuberculosis positive (non-pulmonary)
Numbers—stages of disease

TABLE IV

CHEST HOSPITALS. AGE CLASSIFICATION ON ADMISSION

Age	*Hawkmoor*						*Torquay Isolation Hospital*	*Hawley*		
	Tuberculous and Observation			*Non-Tuberculous Thoracic Surgical*			*Tuberculosis*	*Tuberculosis*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*	*Males only*	*Males*	*Females*	*Total*
Under 5	—	—	—	6	4	10		—	—	—
,, 15	4	13	17	10	11	21	4	1	1	2
,, 25	29	53	82	9	14	23		4	5	9
,, 35	29	41	70	7	14	21	5	5	4	9
,, 45	26	26	52	15	10	25	8	1	3	4
,, 55	35	13	48	30	24	54	8	10	1	11
,, 65	16	3	19	55	17	72	3	6	2	8
65 & over	17	2	19	25	7	32	1	—	1	1
TOTAL	156	151	307	157	101	258	29	27	17	44

TABLE V

The following Table gives the birth weight place of birth, and the number o premature babies surviving in each group at the end of 28 days.

Weight at Birth	Premature Live Births. Total Notified 380.															Premature Still-Births		
	Born in Hospital			*Born at Home and Nursed entirely at Home*			*Born at Home and transferred to hospital on or before 28th day*			*Born in Nursing Home and nursed entirely there*			*Born in Nursing Home and transferred to hospital on or before 28th day*			Total Notified 51		
	Total	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Born in Hospital*	*Born at Home*	*Born in Nursing Home*
3lb 4oz. or less	32	22	3	3	2	1	5	3	1	1	—	1	—	—	—	17	3	1
Over 3lb. 4ozs. up to and including 4lb. 6ozs.	62	9	46	2	—	2	10	3	5	2	—	2	—	—	—	9	1	—
Over 4lb. 6oz. up to and including 4lb. 15oz.	58	3	52	14	1	12	4	—	3	1	—	1	—	—	—	6	1	—
Over 4lb. 15oz up to and including 5lb 8oz.	122	1	121	61	—	58	2	—	2	1		1	—	—	—	4	7	2
Totals	274	35	222	80	3	73	21	6	11	5	—	5	—	—	—	36	12	3

There has been a rise in the number of premature births. Part of the increase is still probably apparent rather than real and is the result of the greater accuracy of the revised Notification of Birth card.

TABLE VI

LUNACY AND MENTAL TREATMENTS ACTS

ADMISSIONS

Certfied Cases	(Section 16, Lunacy Act, 1890)	92
,,	(Private) ,, ...	5
Voluntary Cases	(Section 1, Mental Treatment Acts, 1930) ..	485
,,	(Private) ,, ..	33
Temporary Cases	(Section 5, Mental Treatment Acts, 1930) ..	6
,,	(Private) ,, ..	1
Urgency Cases	(Section 11, Lunacy Act, 1890)	3
,,	(Section 20, Lunacy Act, 1890)	331
,,	(Section 21, Lunacy Act, 1890)	27
Total Admissions to Mental Hospitals		983
Total Number of Visits Entailed		3,008

DISCHARGES

Discharges from Mental Hospitals	749
Deaths in Mental Hospitals	165

AFTER-CARE

Total Number of After-Care Visits made during the year	3,457
Total Number of Cases receiving After-Care on 31.12.55	585

PSYCHIATRIC CLINICS

Number of Appointments arranged	253
Number of Patients who actually attended	139

ADVISORY CASES

Number of Cases in which advice has been given	884
Visits and Interviews entailed	1,331
Number of Advisory Cases at the end of the year	54

MENTAL DEFICIENCY ACTS

Place of Safety Certificates issued	12
Place of Safety Certificates withdrawn	Nil
Total remaining under Place of Safety	1
Petitions presented and Orders made	34
Discharged from the provision of the Mental Deficiency Acts	23
Total Number of Mental Defectives who have died	15
Total Number of M.D. Patients transferred	9

Guardianship Cases

Devon County Council	(In County)	40
,,	(Out-County)	5
Belonging to other authorities, residing in the County of Devon and supervised by the County Medical Officer		11
Number of Cases of all types examined by the Medical Adviser in Mental Health		218
On the 31st December, 1955, the total number of Cases under Order, including Guardianship Cases and Patients "on licence" from Institutions, amounted to		1,035
Number of Devon Certified Mental Defectives due for reconsideration in respect of whom Home Condition Reports were submitted ..		207

Number of Other Authorities cases in respect of whom Home Condition Reports were submitted	19
Number of Patients placed under Statutory Supervision	77
Number of Patients removed from Statutory Supervision	21
On the 31st December, 1955, the total number of Patients remaining under Statutory Supervision amounted to .. .. (Comprising 256 Males and 220 Females)	476
On the 31st December, 1955, the total number of Patients under Voluntary Supervision amounted to .. .. (Comprising 185 Males and 221 Females)	406
Total Number of Visits in connection with all types of defectives ..	4,008
Number of Patients awaiting vacancies in Institutions .. .. .. (Comprising 28 Males and 14 Females)	42
Number of Cases attending Occupation Centres..	54
Barnstaple 18	
Exeter 6	
Plymstock 9	
Torquay 21	
Total Number of Pupils receiving Home Teaching on 31.12.55 ..	76
Total Number of Lessons by Home Teachers during the year ..	1,457

TABLE VII

School Medical Inspections, 1946-55

Year	*No. on Register*	*Periodic Examinations*						*Special Examinations*	*Reinspections*
		Entrants 5 years	*8 years*	*10 years*	*12 years*	*Leavers*	*Total*		
1946	49,427	6,970	*	3,154	+(4,126)	1,917	16,167	20,956	46,803
1947	52,329	7,811	*	*2nd Age Gp.* 4,077	+(4,966)	1,823	18,677	18,696	42,949
1948	53,537	7,370	*	4,360	+(6,833)	1,718	20,281	21,125	47,562
1949	54,434	6,719	*	4,111	+(8,275)	1,303	20,408	17,350	40,658
1950	54,955	6,551	*	4,064	+(7,095)	2,218	19,928	16,117	37,628
1951	57,084	6,637	242	4,246	4,198	4,293	19,616	15,439	34,705
1952	59,272	7,723	204	5,006	4,282	4,158	21,373	15,829	35,242
1953	60,717	7,746	361	5,459	4,425	4,525	22,516	14,174	33,876
1954	62,134	7,003	305	5,232	4,440	4,530	21,510	16,616	36,385
1955	63,966	6,554	326	6,289	5,385	4,506	23,060	658 Clinic cases not included	15,184 Clinic cases not included

* These figures are not available separately.

+These figures are for " other periodic examinations " and include these relating to 8 year olds.

Table VIII

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Children examined in each:	
Entrants	6,554
Second Age Group (10)	6,289
Third Age Group (L)	3,660
TOTAL	16,503
Additional Periodic Inspections†	6,557
GRAND TOTAL	23,060

B.—OTHER INSPECTIONS

Number of Special Inspections	658
Number of Re-Inspections	15,184
TOTAL	15,842

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Table IIa.* (3)	*Total individual pupils.* (4)
Entrants	62	465	516
Second Age Group	142	336	451
Third Age Group	140	203	326
Total	344	1004	1301
Additional Periodic Inspections†	221	347	537
Grand Total	565	1351	1838

†*E.G.*, Children at special schools or who missed the usual periodic examination.

Table IX

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1955

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	*Defect or Disease*	Periodic Inspections		Special Inshections	
		No. of defects		*No. of defects*	
		Requiring treatment	*Requiring to be kept under observation but not requiring treatment.*	*Requiring treatment*	*Requiring to be kept under observation but not requiring treatment.*
	(1)	(2)	(3)	(4)	(5)
4	Skin	166	683	21	25
5	Eyes—*a.* Vision ..	*565	148	24	5
	b. Squint ..	153	65	5	—
	c. Other ..	97	168	4	3
6	Ears—*a.* Hearing ..	51	175	10	16
	b. Otitis Media	62	221	3	7
	c. Other ..	33	106	2	4
7	Nose or Throat ..	301	2017	38	56
8	Speech	98	156	24	13
9	Cervical Glands ..	8	930	3	33
10	Heart and Circulation	42	410	10	21
11	Lungs	66	568	13	39
12	Developmental—				
	a. Hernia ..	10	51	1	2
	b. Other ..	23	297	2	11
13	Orthopaedic—				
	a. Posture ..	38	971	14	21
	b. Flat Foot ..	53	736	4	12
	c. Other ..	140	961	23	25
14	Nervous system—				
	a. Epilepsy ..	12	27	2	—
	b. Other ..	20	87	7	8
15	Psychological—				
	a. Development	34	173	17	20
	b. Stability ..	30	283	11	19
16	Other	431	1064	16	34

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups Inspected	*No. of Pupils Inspected*	A. (Good)		B. (Fair		C. (Poor)	
		No.	*% of col 2*	*No.*	*% of col 2*	*No.*	*% of col 2*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6554	2759	42.10	3705	56.53	90	1.37
Second Age Group	6289	2893	46.0	3339	53.09	57	0.91
Third Age Group	3660	1840	50.28	1789	48.88	31	0.85
Additional Periodic Inspections	6557	3046	46.45	3448	52.59	63	0.96
Total	23060	10538	45.70	12281	53.26	241	1.05

NOTE:—The figures in Column (2) should normally equal those detailed under Table I.A.

Table X

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	175,108
(ii)	Total number of *individual* pupils found to be infested ..	655
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	211
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	14

TABLE XI

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	*otherwise*
Ringworm— (i) Scalp	5	6
(ii) Body	92	46
Scabies	45	10
Impetigo	833	87
Other skin diseases	1678	44
Total	2653	193

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	*otherwise*
External and other, excluding errors of refraction and squint	—	* 239
Errors of refraction (including squint)	—	*11,633
Total	—	*11,872
Number of pupils for whom spectacles were		
(*a*) Prescribed	—	*2,532
(*b*) Obtained	—	*2,531

*These figures represent three from the two Ophthalmic Surgeons of the County Eye Service on the staff of the S. W., R. H. B.

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	*otherwise*
Received operative treatment		
(*a*) for diseases of the ear	—	not known
(*b*) for adenoids and chronic tonsilitis	—	,,
(*c*) for other nose and throat conditions	—	,,
Received other forms of treatment	—	,,
Total	—	,,

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

	not known *by the Authroity*	*otherwise*
(*a*) Number treated as in-patients in hospitals		
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patient departments	—	not known

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	*elsewhere*
Number of pupils treated at Child Guidance Clinics	292	52

GROUP 6.—SPEECH THERAPY

	Number of Cases treated	
	by the Authority	*otherwise*
Number of pupils treated by Speech Therapists	545	not known

GROUP 7.—OTHER TREATMENT GIVEN

	Number of Cases treated	
	by the Authority	*otherwise*
(*a*) Miscellaneous minor ailments	8249	246

TABLE XII.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:			
	(*a*) At Periodic Inspections			37,749
	(*b*) As Specials			2,186
			Total (1) ..	39,935
(2)	Number found to require treatment			27,090
(3)	Number offered treatment			20,576
(4)	Number actually treated			11,953
(5)	Attendances made by pupils for treatment			40,691
(6)	Half-days devoted to:	Periodic Inspection and Treatment	.. ..	7,107*
			Total (6) ..	7,107*
(7)	Fillings:	Permanent Teeth		25,867
		Temporary Teeth		3,569
			Total (7) ..	29,736
(8)	Number of teeth filled:	Permanent Teeth		22,287
		Temporary Teeth		3,607
			Total (8) ..	25,894
(9)	Extractions:	Permanent Teeth		4,422
		Temporary Teeth		13,811
			Total (9) ..	18,233
(10)	Administration of general anaesthetics for extraction			3,446
(11)	Other operations:	Permanent Teeth		14,907
		Temporary Teeth		3,523
			Total (11) ..	18,430

*Includes 473 sessions devoted to Orthodontic Treatment and 285 sessions where dental officers acted as anaesthetists at General Anaesthetic Sessions.

TABLE XIII

SPEECH CLINICS

	N. Devon	* Central & S.W.	S. Devon	Total
A.				
Number of cases on the register at the commencement of the year ..	84	164	61	309
Number of individual cases interviewed and/or treated	186	108	251	545
Number of attendances of cases	1549	696	1665	3910
Number of cases				
(a) Discharged	78	13	39	130
(b) Left (including transferred)	10	7	6	23
(c) improved but not yet ready for discharge	98	76	168	342

B.

TYPES OF SPEECH DEFECT OR DISORDER DEALT WITH

(*Classified according to the predominating aspect of the disturbance*)

Defects of Articulation— e.g. Dyslalia..	106	66	145	317
Defects of Voice— e.g. Excessive Nasality ..	2	2	7	11
Defects of Language— e.g. Aphasia..	11	—	5	16
Defects of Communication— e.g. Stammer	60	25	79	164
Multiple Defects— e.g. Cleft Plate	7	13) 15 2 cerebral palsy	15	35) 37 2 cerebral palsy

*Details regarding this area are incomplete owing to our being unable to obtain the information from Miss Campion. The discrepancies are, of course, reflected in the last column.

TABLE XIV
HANDICAPPED PUPILS.

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Children *newly placed* in Special Schools or Boarding Homes	3	7	3	—	19	13	51	15	—	111
B. Children *newly assessed* as needing special educational treatment at Special Schools or in Boarding Homes..	3	5	1	2	19	15	103	15	—	163
C. (i) Children on the registers of special schools as (a) Day Pupils	—	1	6	4	23	41	5	—	—	80
(b) Boarding Pupils ..	21	20	22	6	7	16	136	1	2	231
(ii) Children on the registers of independent schools under arrangements made by the Authority ..	1	—	—	—	2	1	3	4	—	11
(iii) Children boarded in Homes and not already included in (i) or (ii)	—	—	—	—	3	—	—	24	—	27
Total (C) ..	22	21	28	10	35	58	144	29	2	349
D. Children being educated under arrangements made under Section 56 of the Education Act, 1944 (i) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(ii) in other groups *e.g.* units for spastics	—	—	—	—	—	—	—	—	—	—
(iii) at home ..	—	—	1	4	21	20	4	—	1	51
E. Children requiring places in special schools (i) Total (a) Day ..	—	—	—	—	2	—	—	—	—	34
(b) Boarding	2	4	3	3	2	13	320	—	—	
(ii) Children (included above) who had not reached the age of 5 (a) awaiting day places	—	—	—	—	—	—	—	—	—	
(b) awaiting boarding places	2	—	3	1	—	1	—	—	—	
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a Special School).. (a) awaiting day places	—	—	—	—	—	—	—	—	—	
(b) awaiting boarding places	1	—	—	1	1	1	187	—	—	1

Children reported to the Local Health Authority :
(a) Under Section 57 (3) (excluding any returned under (b)) .. 24
(b) Under Section 57 (3) relying on Section 57 (4) .. —
(c) Under Section 57 (5) of the Education Act, 1944 39

TABLE XV

IMPROVEMENTS TO OFFICES, SANITATION, ETC., CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1955

County Primary Schools:

Abbotskerswell	New cloaks Staff Lavatory
Alphington	Staff Cloakroom
Ashwater	Main water supply
Bere Alston	Improvements to Lavatories
Bishopsnympton	Improvements to Offices
Blackawton	Additional Staff Lavatory
Bow	Improvements to Offices
Bratton Clovelly	Main water supply
Bratton Fleming	Additional Wash basins
Broadwoodwidger	Main water supply
Budlake	Improvements to washing facilities
Cheriton Bishop	Improvements to Offices
Filleigh	New Staff Lavatories
Harpford	Alterations to Offices
Hemyock	Improvements to Offices
Inwardleigh	Main water supply
Ipplepen	Improvements to Offices
Okehampton	Additional wash basins
Ottery St. Mary Girls	Additions to Offices
Ottery St. Mary Boys	Additional cloakroom accommodation
St. Giles-in-the-Heath	Main water supply
Shebbear	Main water supply
Shirwell	Improvements to Offices
Spreyton	Additional wash basins
Starcross	Alteration to Offices
Tiverton Elmore	Additional wash basins
Tiverton Bampton St.	Additional Sanitary accommodation
Torquay Barton	Additional Sanitary accommodation
Torquay Cockington	Additional Cloakroom accommodation
Ugborough	Improvements to Offices
Yeoford	Main water supply and additional wash basins

Voluntary Primary Schools:

Bickleigh (Tiverton)	Main water supply, etc.
Blackpool	Additional cloaks and lavatories
Brampford Speke	Additional wash basins
Burlescombe	New lavatory accommodation
Cornworthy	Improvements to Offices
High Bickington	Additional Sanitary accommodation
Ilsington	Improvements to Offices
Kentisbeare	Additional Sanitary accommodation
Kingsteignton	Additional Sanitary accommodation
Landkey	Additional Sanitary accommodation
Offwell	Additional Sanitary accommodation and new drainage
Silverton	Additional Sanitary accommodation
Stoke Canon	Additional Sanitary accommodation
Uplowman	Improvements to Offices

County Secondary Schools:

Barnstaple Girls	Improvements to Offices and hot water supply to cloakrooms
Bideford	New lavatory accommodation
Chagford	New main drainage
Cullompton	Hot water supply to basins
Ilfracombe	Additional wash basins
Plympton	Showers for girls

Grammar Schools:

Crediton	Additional Sanitary accommodation at Hostel
Totnes (Kennicott) ..	Improvements to drainage

Further Education:

Newton Abbot Art School	Additional Sanitary accommodation
South Devon Technical College, Torquay ..	Additional Sanitary accommodation

College:

Exmouth Rolle College ..	Improvements to Lavatory accommodation

Special School:

Exmouth Withycombe House	Additional wash basins

TABLE XVI

SCHOOL CLINICS

Town	*Address*	*Phone No.*	*Type of Clinic*	*½-day Sessions*		
				Week	*Fort-night*	*Month*
lphington ..	Council School		Minor Ailment		1	
ppledore ..	Appledore Hall		Minor Ailment			1
shburton ..	Grammar School.. ..		Minor Ailment	1		
xminster ..	Secondary Modern School	2146	Minor Ailment	1		
			Chest, Dental, Speech	1		
	Junior School	2374	Speech	1		
	Plaza Cinema	2123	Vision			½
mpton ..	Central Hall		Minor Ailment		1	
rnstaple ..	19 (b) Alex. Road ..	3549	Minor Ailment	5		
	,, ,, ..		Dental (whole-time) ..		21	
	,, ,, ...	2117	Speech	3		
	Boutport Street		Child Guidance ..	1	2	
	19 (b) Alex. Road ..		Vision			1½
ddeford ..	Coronation Road ..	1121	Minor Ailment	1		
	Coronation Road ..		Dental (part-time) ..	4		
	Coronation Road ..		Speech	2		
	Coronation Road ..		Vision			1
	C. of E. Institute.. ..		Minor Ailment	1		
raunton ..	Parish Hall		Minor Ailment	1		
rixham ..	Church House, Bolton Street..		Minor Ailment	1		
	Church House, Bolton Street..		Vision			1
uckfastleigh	Council School	3104	Minor Ailment	1		
udleigh Salterton	Church Institute		Minor Ailment		1	
olyton ..	Youth Club, High Street		Minor Ailment		1	
ombe Martin	Baptist Church Rooms ..		Minor Ailment		1	
rediton ..	Newcombes	449	Minor Ailment ..	1		
	Newcombes		Dental (part-time) ..	4		
	Newcombes		Speech	1		
	Newcombes		Vision			½
ullompton ..	Baptist Chapel Schoolrooms		Minor Ailment		1	
artmouth ..	Mayors Avenue	245	Minor Ailment	1		
	Mayors Avenue		Dental (part-time) ..		1	
	Mayors Avenue		Vision			1
awlish ..	The Knowle, Barton Road	3356	Minor Ailment		1	
	The Knowle, Barton Road		Vision			½
xeter ..	Alice Vlieland Centre ..	54685	Child Guidance ..	4		
	Alice Vlieland Centre ..		Dental (part-time Orthodontic) ..		1	
	Alice Vlieland Centre ..		Vision			1
	Alice Vlieland Centre ..		Speech	1		
	Royal Devon & Exeter Hospital	2261 & 59261	Dental (part-time) ..		1	
xmouth ..	St. Clements, 142 Exeter Road	2610	Minor Ailment	3		
	St. Clements, 142 Exeter Road		Dental (part-time) ..	7		
	St. Clements, 142 Exeter Road		Speech	1		
	St. Clements, 142 Exeter Road		Vision			½
	St. Clements, 142 Exeter Road		Remedial & Breathing Exercise		Occasional	
remington ..	Parish Hall		Minor Ailments.. ..			1
olsworthy ..	Chapel Street Schoolroom		Minor Ailment			1
	Chapel Street Schoolroom		Speech	1		
	Secondary Modern School	30	Vision			½
oniton ..	Secondary Modern School	283	Minor Ailment	1		
			Dental	1		
	Secondary Modern School		Vision			½
orrabridge ..	Church Rooms		Minor Ailment		1	
fracombe ..	4 Market Street	758	Minor Ailment	1		
	4 Market Street		Vision			½
	4 Market Street		Dental (part-time) ..	3		
	4 Market Street		Speech	1		
ybridge ..	Methodist Sunday School Room		Minor Ailment		1	
ingsbridge ..	Tresillian	2280	Minor Ailment	1		
	Tresillian		Vision			1
	Tresillian		Dental (part-time) ..	3		
	Co. Primary School ..	2009	Remedial & Breathing Exercises	1		
ifton.. ..	Methodist Church Rooms		Minor Ailment			1
ynton ..	Jubilee Hall		Minor Ailment		1	

Town	Address	Phone No.	Type of Clinic	½-day Sessions Week	Fortnight	Month
Morchard Bishop ..	Memorial Hall		Minor Ailment		1	
Newton Abbot	Glencoe, Courtenay Park	377	Minor Ailment	2		
	Glencoe, Courtenay Park		Vision		1	
	Glencoe, Courtenay Park		Speech	2		
	Glencoe, Courtenay Park		Dental (whole-time) ..		21	
Newton Abbot	Meadowside, Highweek Rd.	461	Minor Ailment	2		
Northam ..	Church Hall		Minor Ailment		1	
Okehampton..	Fairplace Methodist Rooms		Minor Ailment		1	
	Fairplace Methodist Rooms		Speech	2		
	Secondary Modern School	97	Vision			1
Paignton ..	Central Clinic, Midvale Rd.	57555	Minor Ailment	1		
	Central Clinic, Midvale Rd.		Vision			2
	Central Clinic, Midvale Rd.		Dental (part-time) ..	6		
	Central Clinic, Midvale Rd.		Speech	1		
	Foxhole Inf.		Minor Ailment.. ..		1	
	Hayes Road	57336	Minor Ailment	1		
Plympton ..	Congregational School ..		Minor Ailment ..	1		
	Congregational School ..		Remedial & Breathing Exercises (Occasional) ..	1		
	Secondary Modern School	2297	Speech	1		
	Secondary Modern School		Vision			1
	Primary School		Speech	½		
	St. Maurice Co. Primary School		Speech	½		
	St. Maurice Co. Primary School		Dental (part-time) ..		1	
Plymstock ..	Secondary Modern School	3327	Minor Ailment	1		
	Secondary Modern School		Vision			1
	Secondary Modern School		Dental (part-time) ..	5		
	Secondary Modern School		Speech	1		
	Secondary Modern School		Remedial & Breathing Exercises	1		
Roborough ..	Recreation Hut		Minor Ailment			2
	Maristow Special School	73178 (Plymouth)	Speech	1		
Salcombe ..	Cliff House		Minor Ailment		1	
Seaton ..	Women's Institute ..		Minor Ailment		1	
Sidmouth ..	Woolcombe House ..		Minor Ailment		1	
	Woolcombe House ..		Vision			½
	Woolbrook S.M. ..		Minor Ailment.. ..			2
South Brent ..	Church Hall		Minor Ailment		1	
South Molton	99 East Street		Minor Ailment		1	
	99 East Street		Speech	1		
	99 East Street		Vision			1
	99 East Street		Dental (part-time) ..	2		
	Secondary Modern School	29	Minor Ailment	1		
Tavistock ..	Church Hall, West Street		Minor Ailment	1		
	Church Hall, West Street		Vision			1
	Church Hall, West Street		Speech	2		
Teignmouth ..	St. James Parish Hall ..		Minor Ailment	1		
	Teignmouth Hospital (Out-patients Dept.) ..		Vision			½
Tiverton ..	St. Andrew Street ..	2708	Minor Ailment	1		
	St. Andrew Street ..		Dental (part-time) ..	5		
	St. Andrew Street ..		Speech	1		
	St. Andrew Street ..		Vision			½
	St. Andrew Street ..		Remedial & Breathing Exercises	1		
Torquay ..	Castle Road Clinic ..	4152	Minor Ailment	5		
	Castle Road Clinic ..		Speech	1		
	Castle Road Clinic ..		Dental (whole-time) ..	15		
	Castle Road Clinic ..		Vision	1		
	Castle Road Clinic ..		Child Guidance ..	4		
	Barton Clinic	87274	Minor Ailment	5		
	Barton Clinic		Dental (whole-time) ..		21	
	Barton Clinic		Speech	1		
	Audley Park School ..	87920	Minor Ailment	5		
	West Hill School.. ..	87090	Minor Ailment	5		
Torrington ..	Church House, New Street		Minor Ailment	1		
	Junior School		Speech	½		
	Secondary Modern School	2186	Speech	½		
	Secondary Modern School		Vision			½
Totnes ..	Borough Park	2078	Minor Ailment	1		
	Borough Park		Dental (part-time) ..	4		
	Secondary Modern School	2392	Vision			
Woolacombe	Methodist Hall		Minor Ailment		1	
Yealmpton ..	Chapel Rooms		Minor Ailment			

The Minor Ailment sessions include facilities for Diphtheria Immunization as required.

Table XVIII. STATISTICS—COUNTY OF DEVON—1955

Area	Districts		Populations (Est. Mid 1955 Home)	Births Rates per 1,000 Population			Infant Deaths		Tuberculosis and Other Infectious Diseases 1—9	Cancer and Other Malignant Diseases 10—15	Vascular Lesions of Nervous System 17	Heart and Circulatory System 18—21	Respiratory (excluding Tuberculosis) 22—25	Stomach and Digestive System 26—27	Genito-Urinary 28—29	Maternal 30	All Others 16, 31, 32	Accident Suicide Etc. 33—36	Total Deaths		
				No.	Crude Rate	Corr't'd Rate	Under 1 year No.	Under 4 weeks No.											No.	Crude Rate	Corr't'd Rate
1	Exmouth	U.D.	17,590	216	12.28	14.74	7	6	7	47	50	116	15	7	7	—	37	5	291	16.54	9.92
	Budleigh Salterton	U.D.	3,870	33	8.53	11.77	1	1	—	18	18	25	4	1	1	—	5	2	74	19.12	9.75
	St. Thomas	R.D.	32,440	466	14.36	16.37	11	10	13	65	52	223	47	7	9	1	42	29	488	15.04	12.63
2	Honiton	M.B.	4,550	56	12.31	16.62	1	—	—	13	15	19	5	1	—	—	1	1	55	12.09	10.39
	Ottery St. Mary	U.D.	4,140	56	13.53	14.19	1	1	1	10	13	23	3	2	—	—	10	2	64	15.46	11.44
	Sidmouth	U.D.	9,780	94	9.61	12.78	1	—	3	32	36	98	14	4	10	1	20	8	226	23.09	12.57
	Seaton	U.D.	2,930	33	11.26	14.19	—	—	1	9	10	32	4	3	2	—	6	5	72	24.57	13.02
	Axminster	R.D.	14,330	159	11.09	12.75	3	3	2	32	44	77	15	1	7	—	17	5	200	13.96	10.33
	Honiton	R.D.	6,950	122	17.55	19.83	1	1	2	10	12	26	3	1	2	—	14	3	73	10.50	9.14
3	Tiverton	M.B.	11,560	202	17.47	19.22	4	2	2	23	43	53	22	2	1	—	12	6	164	14.19	12.06
	Crediton	U.D.	4,200	48	11.43	10.86	—	—	—	7	8	24	3	1	—	—	2	1	46	10.95	8.21
	Crediton	R.D.	9,890	155	15.67	17.86	1	1	1	26	14	42	12	2	2	—	12	3	114	11.53	9.80
	Tiverton	R.D.	20,710	289	13.95	15.34	12	10	5	46	37	76	19	4	6	—	35	18	246	11.88	9.79
4	Barnstaple	M.B.	15,930	239	15.00	15.60	3	3	1	30	32	110	22	5	4	—	13	10	227	14.25	11.54
	South Molton	M.B.	3,090	45	14.56	16.02	1	1	—	6	4	20	5	—	—	—	10	—	45	14.56	11.50
	Ilfracombe	U.D.	8,930	98	10.97	12.62	3	2	2	26	32	81	7	—	—	—	12	5	165	18.48	12.39
	Lynton	U.D.	1,750	17	9.71	9.61	1	—	—	7	3	11	2	—	—	—	—	—	23	13.14	9.59
	Barnstaple	R.D.	23,910	334	13.97	16.07	5	4	—	49	56	148	14	4	8	—	7	20	316	13.17	10.54
	South Molton	R.D.	9,030	115	12.73	14.77	2	2	3	14	16	32	10	3	2	—	13	2	95	10.49	9.02
5	Bideford	M.B.	10,220	136	13.31	14.11	1	—	2	20	20	69	7	3	3	—	8	8	140	13.69	9.40
	Gt. Torrington	M.B.	2,860	35	12.24	13.95	2	1	—	9	7	26	2	—	2	—	8	3	57	19.93	14.35
	Holsworthy	U.D.	1,600	23	14.38	13.80	—	—	1	3	4	20	6	—	—	—	1	2	37	23.13	18.74
	Northam	U.D.	6,630	80	12.07	13.39	—	—	—	10	8	41	2	1	—	—	6	4	72	10.86	7.71
	Bideford	R.D.	5,300	80	15.09	16.90	1	1	—	7	11	28	4	1	—	—	8	5	64	12.07	10.14
	Torrington	R.D.	7,260	103	14.19	16.89	3	2	3	16	13	50	3	1	2	—	12	5	105	14.46	12.00
	Holsworthy	R.D.	5,950	101	16.97	19.18	2	2	—	4	8	20	6	—	1	—	10	1	50	8.40	6.80
6	Okehampton	M.B.	3,840	57	14.84	15.88	1	1	—	10	2	19	6	—	4	—	4	2	47	12.24	9.42
	Tavistock	U.D.	6,220	60	9.65	11.19	3	2	1	8	26	40	12	6	3	—	16	4	116	18.65	12.68
	Broadwoodwidger	R.D.	2,020	27	13.37	14.17	—	—	1	3	3	7	—	—	—	—	1	1	16	7.92	8.63
	Okehampton	R.D.	12,160	135	11.10	13.21	1	1	2	21	28	74	14	2	9	—	7	4	161	13.24	10.19
	Tavistock	R.D.	15,670	217	13.85	17.04	1	—	4	32	29	78	18	3	7	—	18	4	193	12.32	8.38
7	Kingsbridge	U.D.	3,150	45	14.29	15.58	—	—	2	9	10	13	3	—	—	—	10	2	49	15.56	12.45
	Salcombe	U.D.	2,450	32	13.06	15.80	2	—	1	8	9	12	3	—	2	—	7	2	44	17.96	11.67
	Kingsbridge	R.D.	11,950	172	14.40	16.70	4	3	—	21	21	44	21	3	2	—	20	8	140	11.72	9.14
	Plympton St. Mary	R.D.	32,960	439	13.32	15.32	9	8	8	66	66	149	40	4	8	1	40	18	400	12.14	10.32
8	Dawlish	U.D.	7,130	60	8.42	9.51	3	3	2	22	17	46	10	—	3	1	11	4	116	16.29	11.40
	Newton Abbot	U.D.	17,100	234	13.68	14.09	6	5	6	37	32	77	16	6	2	—	26	5	207	12.11	9.57
	Teignmouth	U.D.	10,400	120	11.54	13.73	1	1	2	37	26	61	12	2	5	—	23	9	177	17.02	9.87
	Newton Abbot	R.D.	26,520	282	10.63	12.44	5	3	4	63	49	144	34	6	8	—	26	18	352	13.27	10.22
9	Torquay	M.B.	50,270	519	10.32	11.46	13	9	18	128	163	334	69	15	14	—	70	21	832	16.55	11.09
10	Totnes	M.B.	5,550	63	11.35	12.03	1	—	2	17	19	46	11	1	—	—	20	5	121	21.80	17.66
	Ashburton	U.D.	2,730	34	12.45	13.57	3	3	1	7	4	15	4	—	1	—	7	4	43	15.75	12.29
	Buckfastleigh	U.D.	2,490	25	9.64	11.38	—	—	—	9	4	20	3	—	1	—	2	—	39	15.66	11.12
	Totnes	R.D.	13,850	164	11.84	13.73	2	1	8	38	31	104	32	2	4	—	30	5	254	18.34	13.76
11	Dartmouth	M.B.	5,830	66	11.32	12.45	2	2	2	13	12	48	10	—	1	—	11	6	83	14.24	11.39
	Brixham	U.D.	8,960	111	12.38	13.87	—	—	—	15	26	37	7	1	4	—	21	5	116	12.95	9.45
	Paignton	U.D.	25,350	246	9.70	12.03	12	11	4	71	109	177	27	4	1	1	45	12	451	17.79	10.49
	Administrative County		512,000	6,443	12.58	14.34	136	106	117	1,174	1,252	3,015	608	109	148	5	746	292	7,466	14.58	10.79